ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- CO2

7. Unit Agreement Name

2. Name of Operator: Schwartz Carbonic Co.

8. Farm or Lease Name: Norman & Esther Libby

3. Address of Operator: P.O. Box 37 Solano, New Mexico 87746

9. Well No.: Libby 1

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 20N RANGE 31E NMPM.

10. Field and Pool, or Wildcat: Bueyeros

15. Elevation (Show whether DF, RT, GR, etc.)

12. County: Harding

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pull the bleeder string and plug bottom 10 ft. hole. Pressure test the casing, then retube with plastic lined tubing with packer. Test and return to production. Load the annulus with packer fluid.

** Conditions of Approval: Casing will be pressure tested to 500 psi and will be held for a period of 15 minutes. Oil Conservation Division to be notified 24 hours prior to test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. M. Kuckelman TITLE Regional Production Manager DATE 8-16-84

APPROVED BY [illegible] TITLE DISTRICT SUPERVISOR DATE 8-28-84

CONDITIONS OF APPROVAL, IF ANY: