

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-03518

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

South Loco Hills Waterflood

8. Well No.

13

9. Pool name or Wildcat

Loco Hills-QN-GRB-SA

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. Type of Well:

Oil Well ☐ Gas Well ☐ Other ☒

2. Name of Operator

Yates Drilling Company

3. Address of Operator

105 South 4th St., Artesia, NM 88210

4. Well Location

Unit Letter I : 1980 feet from the South line and 660 feet from the East line

Section 19 Township 18S Range 29E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE
COMPLETION ☐

OTHER:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING
CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND
ABANDONMENT ☐

CASING TEST AND
CEMENT JOB ☐

OTHER: Mechanical Integrity Test

☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/1/2005 Repaired casing head rubber. Notified Van Barton, NMOCD and set new test for 9:00 AM,
11/3/2005.

11/3/2005 Tested well, chart is attached. NMOCD personnel did not witness. Well returned to injection.

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

SIGNATURE Karen J. Leishman TITLE Operations Tech DATE November 8, 2005

Type or print name Karen J. Leishman

Telephone No. 505-748-8463

(This space for State use)

APPROVED BY

Conditions of approval, if any:

This well MAY NOT be returned to
injection since ORIGINAL chart
was not forwarded to this office
with C-103.

DATE