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Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO.	30-015-04811
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	011599
7. Lease Name or Unit Agreement Name	North Square Lake Premier Unit
8. Well Number	3
9. OGRID Number	024558
10. Pool name or Wildcat	#57650 Square Lake-QNGB-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4023 D.F.

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 WIW

2. Name of Operator
Walsh and Watts, Inc.

3. Address of Operator 1111 Seventh Street
Wichita Falls, TX 76301-2392

4. Well Location
Unit Letter P : 4620 feet from the North line and 660 feet from the East line
Section 06 Township 16S Range 31E NMPM Eddy County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Reset packer and cleaned and taped threads on well head. Installed packer fluid and ran 30 minutes stabilized test on well head. Ready for witnessed test. Cleaned location.

NM OIL CONSERVATION
ARTESIA DISTRICT
NOV 23 2015

RECEIVED

Spud Date: 10/19/2015 Rig Release Date: 10/20/2015

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

SIGNATURE Alfred B. Guinn TITLE Vice-President DATE 11/19/2015

Type or print name Alfred B. Guinn E-mail address: saw82660@sbcglobal.net PHONE: (940) 723-2104
For State Use Only

APPROVED BY: [Signature] TITLE Dist R Supervisor DATE 11/23/15
Conditions of Approval (if any):

*Contact Richard Inge before Injection can commence

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

David Martin
Cabinet Secretary

Brett F. Woods, Ph.D.
Deputy Cabinet Secretary

David Catanach, Division Director
Oil Conservation Division



Date 10/27/15

API # 30-0 15-04811

Dear Operator:

I have this date performed a Mechanical Integrity Test on the NSLPU #3

If this test was successful the original chart has been retained by the NMOCD and will be scanned into the well's file in 7 to 10 days, pending receipt of the Form C-103 indicating the reason for this test. The well files are located at www.emnrd.state.nm.us/ocd/OCDOOnline.htm

If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed as a result of this test.

If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status. Include how long you are requesting the TA status for.

If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the repair to the well. Only after receipt of the C-103 will the non-compliance be closed.

If this is a successful Initial Test of an injection well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the work done on this well **including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume. Contact Karen Sharp at 575-748-1283 x109 to verify all required paperwork has been received before you can begin injection.**

If I can be of additional service contact me at (575) 748-1283 ext 107.

Thank You,

A handwritten signature in black ink that reads "Richard Inge".

Richard Inge
Compliance Officer
District II - Artesia