

NM OIL CONSERVATION

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 88220
 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

Form C-103
 Revised July 18, 2013

ARTESIA DISTRICT

OCT 17 2016

RECEIVED

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

2016 OCT 11 P 3:47

WELL API NO. <u>30-015-25522</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>138476</u>
7. Lease Name or Unit Agreement Name <u>Walter Solt</u>
8. Well Number <u>1</u>
9. OGRID Number <u>283037</u>
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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
Walter Solt LLC

3. Address of Operator
PO Box 70 Loco Hills NM 88220

4. Well Location
 Unit Letter L : 2240' feet from the FSL line and 400' feet from the FWL line
 Section 05 Township 18S Range 28E NMPM County EDDY

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.

9-14-16 Rigged up pulling unit ran 1.875 Blanken Plug tested tubing Tubing did not hold.

9-15-16 Got off packer on/off tool pulled tubing 30 bad joints

9-16-16 Ran new 2 7/8 tubing and hydro tested tubing back in hole; Circulated well with 300BBL 2% KCL and packer field. Retrieved ~~blank~~ Put tubing back on packer on/off tool. Nipped up well.

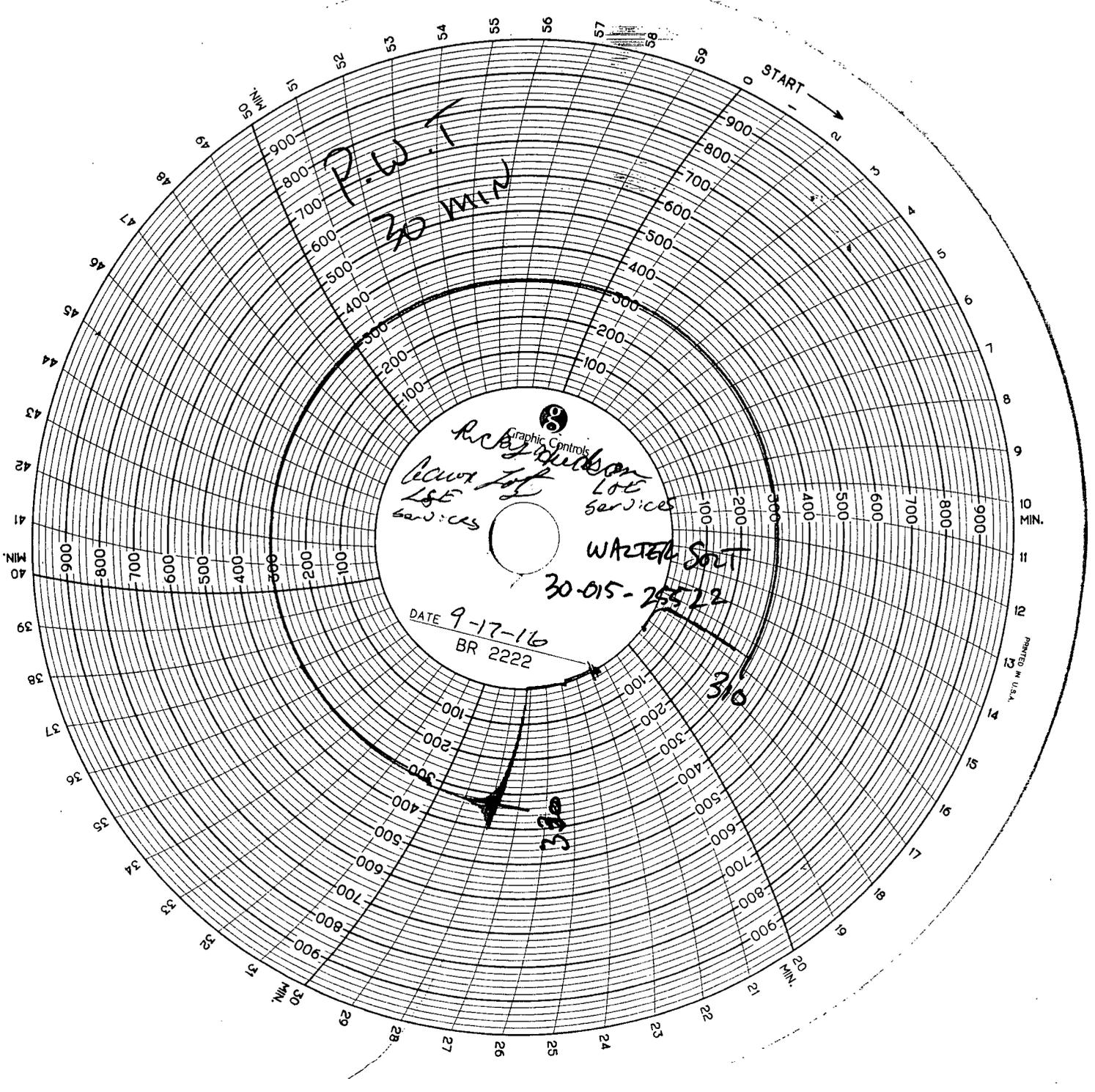
9-17-16 Retrieved Blanken plug. Load casing test to 300# ran chart unwitnessed Per Richard chart held. Rigged down pulling unit and put SWD back online.

POSITION OF PACKER ?

Spud Date: Rig Release Date:

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

SIGNATURE Arnon Lotz TITLE Sales Manager DATE 10-5-16
 Type or print name Arnon Lotz E-mail address: Arnon@landeservices.net PHONE: 505-361-4029
For State Use Only
 APPROVED BY: Richard Lurie TITLE COMPLIANCE OFFICER DATE 10/19/16
 Conditions of Approval (if any):



P.W.T
30 MIN

Graphic Controls
R. C. Nelson
Acoustical
285
Services

WATER SOUT
30-015-25522

DATE 9-17-16
BR 2222

310

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