

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

NM OIL CONSERVATION
ARTESIA DISTRICT
Energy, Minerals and Natural Resources
APR 24 2017
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

Form C-103
May 27, 2004

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.)		WELL API NO. 30-015-20885
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator E.G.L. Resources, Inc.		6. State Oil & Gas Lease No. L-1649 K-3403
3. Address of Operator P.O. Box 10886, Midland, Texas 79702		7. Lease Name or Unit Agreement Name South Carlsbad Gas Com 2
4. Well Location Unit Letter J : 1650 feet from the South feet from the 1980 line East Line Section 27 Township 23S Range 26E NMPM County EDDY		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 173413
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Und. Strawn
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls: Construction Material _____		

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 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3-31-17 Set CIBP (51/2) @ 10,438'

4-1-17 Did (2) run od dump boil with class H cement on top of CIBP at 10,348'.

4-1-17 Set CIBP (5 1/2) at 10,250 circulate well clean with salt gel mud.

4-2-17 Spot 25 sx cement of CIBP at 10,250 WOC, no tag, due to cement in tubing.

4-3-17 Spot 25 sx cement on top of CIBP at 10,250 WOC tag at 10,064.

4-5-17 Spot 25 sx at 8725 and displace WOC tag at 8,541'

4-6-17 Perf at 6,180' Pumped 40 sx cement plug WOC tag at 5950.

4-7-17 Perf at 5,322 was not able to pump in PSD at 500-600 drop down to 5372 and spot 5 sx and WOC tag at 5,270'.

4-7-17 Perf at 3,350' pumped and sqz 35 sx cement plug WOC tag at 3,187'.

4-10-17 Perf at 1,805' pumped and sqz 35 sx cement plug WOC tag at 1,685'.

4-10-17 Perf at 682' pumped and sqz 60 sx cement plug WOC tag at 502'.

4-11-17 Perf at 100 pumped and circulate 70 sxs to surface or 8 5/8 and 113/4 casing

- Top off with 10 sx, install dry hole marker. Completed date 4-11-17.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.cmrnd.state.nm.us/oecd.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Wayne L. Linder TITLE owner DATE 4.18.17

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

APPROVED BY: Robert J. Byrd TITLE COMPLIANCE OFFICER DATE 4/25/17
Conditions of Approval (if any): _____