

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

State of New Mexico

Energy, Minerals and Natural Resources

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised May 08, 2003

WELL API NO.

30-015-32324

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

DUKE AGI

8. Well Number

1

9. OGRID Number

36785

10. Pool name or Wildcat

DEVONIAN

**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 Class II Injection

2. Name of Operator

DUKE ENERGY FIELD SERVICES, LP

3. Address of Operator

3300 NORTH A STREET, BLDG 7, MIDLAND, TX 79705

4. Well Location

Unit Letter 0 : 1232 feet from the SOUTH line and 1927 feet from the EAST line

Section 7 Township 18S Range 28E NMPM EDDY County

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

3611 GL

12. 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: ☐

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.

DUKE ENERGY FIELD SERVICES, LP COMMENCED DRILLING OPERATIONS ON AUGUST 14, 2002.

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

SIGNATURE KARIN CHAR TITLE SR. ENV. SPECIALIST DATE 8/15/02

Type or print name KARIN CHAR

Telephone No. (303) 605-1717

(This space for State use)

APPROVED BY FOR RECORDS ONLY  
Conditions of approval, if any:

2002 25 2003