

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

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



WELL API NO. 3001504298 <u>30-015-21749</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GRAYBURG JACKSON UNIT
8. Well Number <u>5-2</u>
9. OGRID Number 149538
10. Pool name or Wildcat GRAYBURG J.S.A.

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
ASHER ENTERPRISES LTD CO

OCT 31 2007

3. Address of Operator
PO BOX 423

OCD-ARTESIA

4. Well Location

Unit Letter M: _____ feet from the _____ line and _____ feet from the _____ line
Section 22 Township 17S Range 30E NMPM County EDDY

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

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: put back on production ☒

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.

1. POOH RODS & TUBING
2. RIH W/ BIT & SCRAPER & CLEAN OUT TO 3195
3. POOH W/ BIT 7 SCRAPER RIH WITH PACKER
4. SET PACKER @ 3024 & TREAT WITH 1000 GALS 15% NEFE ACID
5. SWAB WELL & SET P.U. AND PUT BACK ON PRODUCTION

ACCEPTED FOR RECORD

NOV 01 2007

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

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 Kelly Jones TITLE Agent DATE 10-30-07

Type or print name

For State Use Only

E-mail address:

Telephone No.

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):