

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-005-60539

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

019187

7. Lease Name or Unit Agreement Name

J.P. WHITE A

8. Well No.

1

9. Pool name or Wildcat

RACE TRACK SAN ANDRES

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

MELVIN OR KATHLEEN TURNBOW

3. Address of Operator

1724 W 18TH ST PORTALES, NM 88130

4. Well Location

Unit Letter 1 : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 19

Township 10 S

Range 28 E

NMPM

CHAVES

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

1. Reverse circulate to T.D.
2. TAG T.D. AND RUN TUBING
3. Pump down 500 gal 48% Ammoniac
4. Pump 100 gal 32% HCL
5. Run pipe - install pump jack - Tubing, rods AND pump.

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

SIGNATURE

Kathleen Turnbow

TITLE

OWNER

DATE

6-16-98

505-356-3755
TELEPHONE NO.

TYPE OR PRINT NAME KATHLEEN TURNBOW

(This space for State Use)

APPROVED BY

Jim W. Brown BGA

TITLE

District Supervisor

DATE

6-19-98

CONDITIONS OF APPROVAL, IF ANY: