

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.

30-005-61999

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

019193

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.)

7. Lease Name or Unit Agreement Name

CX PLAINS

1. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

OTHER ☐

2. Name of Operator

Melvin or Kathleen Turnbow

8. Well No.

5

3. Address of Operator

1724 West 18th Portales, NM 88130

9. Pool name or Wildcat

Race Track San Andres

4. Well Location

Unit Letter A : 990 Feet From The North Line and 330 Feet From The East 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. Circulated, ran drill bit to T.D. and bailed clean.
2. Put in 100 gal. HCL 15% and swabed casing
3. Hooked up pumping unit, installed new bridle.
4. Run in 100 gal aqua ammonia.
5. Long stroked and replaced rod unit.
6. Buried flow line to tank battery.

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

SIGNATURE

Kathleen Turnbow

owner

4/20/98

DATE

TYPE OR PRINT NAME

Kathleen Turnbow

505-356-3755

TELEPHONE NO.

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUM**
DISTRICT II SUPERVISOR

TITLE

DATE

4-30-98

CONDITIONS OF APPROVAL, IF ANY: