C155

Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-005-62315

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. 20

3. Address of Operator: 1724 W 18TH ST PORTALES, NM 88130

9. Pool name or Wildcat: RACE TRACK SAN ANDRES

4. Well Location
Unit Letter 4 : 1650 Feet From The SOUTH Line and 2310 Feet From The EAST Line

Section 19 Township 10S Range 28E 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

Run Tubing AND NOTCH Collar
Circulate to T.D. -
Run 500 gal 48% Ammonia & 200 gal 32% HCL
Run Production string - 5/8" Rods & Pump
SET Pump Jack -
Electrify unit.
LAY Flow Line to battery 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

TYPE OR PRINT NAME KATHLEEN TURNBOW TELEPHONE NO. 505-356-3755

(This space for State Use)

APPROVED BY Jim W. Gum TITLE District Supervisor DATE

CONDITIONS OF APPROVAL, IF ANY: