

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-0-0652

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B 732

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 ☐

X OTHER WATER INJECTION

2. Name of Operator

MASON PHILLIPS PROPERTIES

3. Address of Operator

472 OCEOLA AVE. JACKSONVILLE BEACH FLORDIA 32250

8. Well No.

8

9. Pool name or Wildcat

RED LAKE GRAYBURG

4. Well Location

Unit Letter E : 1650 Feet From The NORTH Line and 330 Feet From The WEST Line

Section

36

Township

17s

Range

27e

NMPM

EDDY

County

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

3581 GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

FORM 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.

REPAIR SURFACE CASING LEAKS

1. MIRU SERVICE UNIT. PULL AND LAY DOWN TUBING AND PACKER
2. BACK HOE TO DIG OUT AROUND WELL HEAD.
3. WELDER CUT OFF BAD 4½ casing, REPLACED WITH 8 FT. NEW CASING
WELDED ON 8 ft OF NEW 7IN. CASING BRINGING IT TO SURFACE.
4. TRIP IN HOLE WITH NEW AD 1 TENSION PACKER AND 50 JOINTS 2 3/8 TBG.
5. CIRCULATE HOLE WITH PACKER FLUID AND SET PACKER AT 1577.12
6. 5-15-97 RUN MIT WITNESSTED BY MR. LIVINGSTON.

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

SIGNATURE

Garry Green

TITLE REGISTERED AGENT

DATE 5-15-97

TYPE OR PRINT NAME

GARRY GREEN

TELEPHONE NO. 746-6872

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

TITLE

DATE

JUN 10 1997