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Appropriate
Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISK
EP

STRICT I
Box 1980, Hobbs, NM 88240

STRICT II
Drawer DD, Artesia, NM 88210

STRICT III
300 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 20888
Santa Fe, New Mexico 87504-2088

MAR 2002
RECEIVED
OCD - ARTESIA

WELL API NO.
30-015-02818

Indicate Type of Lease
STATE ☒ FEE ☐

State Oil & Gas Lease No.
E-785

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

LEONARD STATE

8. Well No.

1

9. Pool name or Wildcat

SQUARE LAKE GRAYBURG SAN ANDRES

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator
C E LaRUE & B N MUNCY JR.

3. Address of Operator
P O BOX 1370 ARTESIA, NM 88211-1370

4. Well Location
Unit Letter F : 1980 Feet From The W Line and 1980 Feet From The N Line
Section 36 Township 16S Range 29E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3692 DF

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.

PUT WELL BACK TO INJECTING 1/16/02. TESTED 3/14/02 WITH CHART AND WITNESSED.
INJECTING APPROXIMATELY 25 BBLS OF WATER PER DAY. PRESSURE IS 1600 psi.

Well failed MIT test. It must be shut
in immediately and the well brought
into physical compliance.

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

SIGNATURE C. E. LaRue TITLE OWNER DATE 3/15/02

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY

Denied

TITLE

Wild Leg ID

DATE

MAR 19 2002

CONDITIONS OF APPROVAL, IF ANY: