

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

RECEIVED
OCD - ARTESIA

WELL API NO.

30-015-02821

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER INJECTION

LEONARD STATE

2. Name of Operator

C E LaRUE & B N MUNCY JR.

8. Well No.

2

3. Address of Operator

P O BOX 1370 ARTESIA, NM 88211-1370

9. Pool name or Wildcat

SQUARE LAKE GRAYBURG SAN ANDRES

4. Well Location

Unit Letter N : 1980 Feet From The W Line and 660 Feet From The S Line

Section 36 Township 16S Range 29E NMPM EDDY County

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

3684 DF

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.

PUT WELL BACK TO INJECTING 1/14/02. 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

TITLE

OWNER

DATE 3/15/02

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 19 2002