

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.
30-015-02830

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
E-785

7. Lease Name or Unit Agreement Name

LEONARD STATE

8. Well No.
8

9. Pool name or Wildcat
SQUARE LAKE GRAYBURG SAN ANDRES

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(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

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 H : 660 Feet From The E 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.)
3708 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 ON INJECTION 2/20/02. CHANGED OUT INJECTION LINE. TESTED
3/14/02 WITH CHART AND WITNESSED. INJECTING APPROXIMATELY 25 BBLS OF WATER
PER DAY. PRESSURE IS 1600 psi.

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

SIGNATURE [Signature] TITLE OWNER DATE 3/15/02

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE Wild Res ID DATE MAR 19 2002

CONDITIONS OF APPROVAL, IF ANY: