

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
OCD - ARTESIA

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.
30-015-04788

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM 081381-A

7. Lease Name or Unit Agreement Name:
Northeast Square Lance Unit

8. Well No.
5

9. Pool name or Wildcat
NE Square Lance

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**

2. Name of Operator
AGARDEN OPERATING, Inc.

3. Address of Operator
P.O. Box 12663 ODESSA, TEXAS 79768

4. Well Location
Unit Letter **P** : **330** feet from the **SOUTH** line and **330** feet from the **WEST** line
Section **3** Township **16 S** Range **31 E** NMPM County **EDDY**

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

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 ☐ MULTIPLE COMPLETION ☐
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Well is shut-in pending MIT retest and repairs if needed.

DENIED - REFERENCE NMCD RULE
19.15.0.203 AND 19.15.9.705

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

SIGNATURE **Fly Gilliam** TITLE **PRESIDENT** DATE **1/30/02**
Type or print name **Fredy Gilliam, Jr.** Telephone No. **915 550 0804**
(This space for State use) **Compliance officer 2-7-02**