

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 1088
Santa Fe, New Mexico 87504-2088

MAR 13 1992

O. C. D.
ARTESIA OFFICE

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-161-3

7. Lease Name or Unit Agreement Name

BRINSON State

8. Well No.

2

9. Pool name or Wildcat

GRAYBURG-JACKSON-QUEEN-SA

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☒ WATER injection

2. Name of Operator

ANADARKO Petroleum CORPORATION

3. Address of Operator

P.O. DRAWER 130, ARTESIA, NM, 88211-0130

4. Well Location

Unit Letter A : 330 Feet From The NORTH Line and 990 Feet From The EAST Line

Section

36

Township

16S

Range

31E

NMPM

Eddy

County

10. Elevation (Show whether DF, 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: CASING Integrity Test ☒

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.

Note: This WIW developed A tubing LEAK.

1. RUPH ; pulled & PARTed tubing (twice).

2. Fished & Recovered All tbg & packer.

3. WIH w/ PKR ; Circulated chemical water ; Re-set PKR @ 3819'.

4. Called NMOC D ; Received permission from Johnny Robinson
A/TEST.

CHART
ON
BACK

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

SIGNATURE

Jerry E. Suchles

TITLE

AREA Supervisor

DATE

3/10/92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

3-23-92

CONDITIONS OF APPROVAL, IF ANY:

