

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. <u>30-015-200423</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. <u>005573</u>
7. Lease Name or Unit Agreement Name <u>North west Artesia Unit</u>
8. Well No. <u>12</u>
9. Pool name or Wildcat <u>Artesia Q.G.S.A.</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <u>Injection</u>
2. Name of Operator <u>Kersey & Co</u>
3. Address of Operator <u>P.O. Box 1248 Fredericksburg Tx 78624</u>
4. Well Location Unit Letter <u>M</u> : <u>490</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>W</u> Line Section <u>32</u> Township <u>17 S</u> Range <u>28 E</u> NMPM <u>Eddy</u> 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: Return to Production ☒

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.

Flow well as long as pressure will allow, then place
on pump. Beginning about May 1, 1995

RECEIVED

MAY 4 1995

OIL CON. DIV.
DIST. 2

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

SIGNATURE

Kenneth R Wade

TITLE

Prod. Supt

DATE

5-1-95

TYPE OR PRINT NAME

Kenneth R Wade

210 9979489

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUN
DISTRICT II SUPERVISOR

MAY 8 1995

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: