

Submit 2 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

JUN 18 1991

WELL API NO. 30-015-23148
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Red Lake Unit
8. Well No. 19
9. Pool name or Wildcat Red Lake, East
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	ARTESIA, OFFICE
2. Name of Operator Beach Exploration, Inc.	
3. Address of Operator 800 N. Marienfeld Ste. 200 Midland, Texas 79701	
4. Well Location Unit Letter C : 1980 Feet From The West Line and 660 Feet From The North Line Section 36 Township 16S Range 28E NMPM Eddy County	

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 ☐
Packer Leakage Test ☐
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.

5-06-91 Ran 51 jts. of 2 3/8" tbg. and 5 1/2" Model AD-1 Tension packer, Set pkr. @ 1628.00'. Test witnessed and approved by Darryl Moore, chart attached. Began injection 6-7-91.

Post ID-3
7-12-91
chg prod to water

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

SIGNATURE [Signature] TITLE Production DATE 6-14-91

TYPE OR PRINT NAME Mike Williams TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY TITLE DATE JUL 9 1991

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 18 1991

O. C. D.
ARTESIA, OFFICE

