

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

State of New Mexico
Energy, Minerals and Natural Resources

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

CISF
OP

Form C-103

Revised March 25, 1999

WELL API NO.
30-015-23861

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement

Name:
Red Lake Unit

8. Well No. 25

8. Pool name or Wildcat
Red Lake, East

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

Beach Exploration, Inc.

3. Address of Operator

800 N Marienfeld, Ste. 200, Midland, TX 79701

4. Well Location

Unit Letter J : 2310 feet from the North line and 2310 feet from the East line

Section 36

Township 16S

Range 28E

NMPM

County Eddy

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

GL

3682

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: X Return well to injection

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.

3/12/02 - OCD conducted bradenhead test, well passed.

Return well to active injection effective February 28, 2002; 150bwpn

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

SIGNATURE Lizbeth Lodle TITLE

Engineering Analyst

DATE March 15, 2002

Type or print name Lizbeth Lodle

Telephone No. 915-683-6226

(This space for State use)

APPROVED BY [Signature] TITLE

DATE

APR 1 2002

Conditions of approval, if any:

[Signature]