

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 RECEIVED
Santa Fe, New Mexico 87504-2088

JUN 18 1991

O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-24016 Fed

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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 Well

2. Name of Operator
Beach Exploration, Inc.

7. Lease Name or Unit Agreement Name

Red Lake Unit

8. Well No. 12

3. Address of Operator
800 N. Marienfeld Ste. 200 Midland, Texas 79701

9. Pool name or Wildcat
Red Lake, East

4. Well Location
Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line
Section 25 Township 16S Range 28E 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 ☐
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.

5-07-91 Ran 54 jts. of 2 3/8" tbg. and 5 1/2" Model AD-1 Tension packer, Set pkr. @ 1758.56'. Test witnessed and approved by Gary Williams, chart attached. Began injection 6-7-91.

*Wrong Form
Information Only

Post ID-3
7-12-91
chg pool to WIL

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

SIGNATURE Mike Williams TITLE Production DATE 6-14-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUL 09 1991

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 18 1991

O. C. D.
ARTESIA, OFFICE

