

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.	LC 028480
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Water Injection Well (TA)
2. Name of Operator	Arapaho Oil & Gas, Inc.
3. Address of Operator	P. O. Drawer 9, Carlabad, NM 88221
4. Well Location Unit Letter <u>W</u> : 1650' S Feet From The 990' W Line and _____ Feet From The _____ Line Section <u>5</u> Township <u>17</u> Range <u>29</u> NMPM _____ County <u>Edm.</u>	7. Lease Name or Unit Agreement Name Cave Pool Unit
8. Well No. 51	
9. Pool name or Wildcat <del>Cave</del> - Grbg.	
10. Elevation (Show whether DF, RAB, RT, GR, etc.) 3600' ±	

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 Leak Survey ☒

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.

Set cast iron bridge plug @ 2200' with wireline unit and test casing.

App. 8-15-89

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

SIGNATURE J. E. Roye TITLE President DATE 8-7-89  
TYPE OR PRINT NAME J. E. ROYE TELEPHONE NO. 885-1987

(This space for State Use)

APPROVED BY Johnny Robinson TITLE OIL AND GAS INSPECTOR DATE 8-10-89  
CONDITIONS OF APPROVAL, IF ANY: