

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

2040 Pacheco
Santa Fe, NM 87500

WELL API NO.

30-015-25077

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

E-742

Lease Name or Unit Agreement Name

New Mexico 'EO' State

Type of Well:

OIL

WELL ☐

GAS

WELL ☐

OTHER SWD

Well No.

#1 SWD

Pool name or Wildcat

SWD Cisco 76099

Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 20 Township 17S Range 29E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3637 GL

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 ANBANDONMENT

CASING TEST AND CEMENT JOB ☐

OTHER: Reentered & Prepared for SWD

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.

9-20-00...Re entered P & A'ed well. Weld on 9 5/8 extension & NU well head. Cleaned out plugs to 1310'. Cleaned out cement & 9 5/8" csg to 1395'. Unable to wash over 9 5/8" without damaging casing due to cement. Called OCD-Artesia obtained approval to use as liner top. Tested to 900 psi/30 mins. OK. Clean out cement plugs & CIBPs to 9100'.

10-12-00..Add additional perms 8916-49' & 8850-64' (4 spf. 188-.48" holes). Acidize all perms w/ RBP & PKR using 10,000 gals 20% NE-FE HCL.

10-15-00..GIH w/ Coated Pkr, coated O/O tool, & 2 7/8" coated tbg. Set pkr @ 8467'. Circ pkr fluid.

10-19-00..Test 9 5/8" annulus x 2 7/8" injection tbg to 420 psi/30 mins. OK (chart included). OCD Artesia called to witness. SWI & prepare for SWD.

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

SIGNATURE

N.M. Young

TITLE District Manager

DATE 10-23-00

TYPE OR PRINT NAME N.M. Young

TELEPHONE NO.

(This space for State Use)

APPROVED BY

M. S. Webb

TITLE

Field Rep. II

DATE

10/24/2000

CONDITIONS OF APPROVAL, IF ANY:



