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to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

dst  
dp

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
600 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-00236

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.)

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator

C.F.M. OIL COMPANY

Address of Operator

P.O. BOX 1176 ARTESIA, N.M. 88211-1176

Well Location

Unit Letter F : 1650 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 25 Township 18S Range 26E NMPM EDDY County

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

3285 GR

1. 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 ☐

WILL OR ALTER CASING ☐

OTHER: RETURN WELL TO PRODUCTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

2. 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.

CLEAN OUT TO ORIGINAL T.D., PUT PUMP BACK ON, AND PUT ON TEST.

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

SIGNATURE Judy Fulton TITLE PRODUCTION CLERK DATE 4/5/93

TYPE OR PRINT NAME JUDY FULTON TELEPHONE NO. 746-4787

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 14 1993

CONDITIONS OF APPROVAL, IF ANY