

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSF
Dp

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.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
M-19609

7. Lease Name or Unit Agreement Name

State 24

8. Well No.

1

9. Pool name or Wildcat

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 Brine Well

2. Name of Operator
Jim's Water Service of Colorado, Inc. ✓

3. Address of Operator
P.O. Box 848, Artesia, NM 88210

4. Well Location
Unit Letter M : 1988 Feet From The FSL Line and 1930.4 Feet From The FEL Line

Section 24 Township 185 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 ☐
Run new string of 2 7/8 tubing and
OTHER: casing integrity test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Brine well not producing 10# brine. It is believed the tubing is cut off at the brine level. Plan to pull tubing and run casing scrapper, run 8 5/8 tension packer to complete casing integrity test, run new string of 2 7/8 to bottom of salt section and return well to brine production.

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

SIGNATURE _____ TITLE NM Manager DATE 6-22-92
TYPE OR PRINT NAME Mid Ray Clark TELEPHONE NO. 748-1352

(This space for State Use)

ORIGINAL SIGNED BY
MIKE M. CLARK
SUPERVISOR DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUN 26 1992

CONDITIONS OF APPROVAL IF ANY