

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.I.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

5a. Indicate Type of Lease

State ☒Fee ☐

5. State Oil & Gas Lease No.

647

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.)

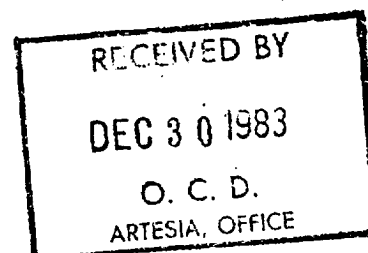
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name
2. Name of Operator American Petrofina Company of Texas	8. Farm or Lease Name McNutt St.
3. Address of Operator P. O. Box 2990 Midland, TX 79702-2990	9. Well No. 8
4. Location of Well UNIT LETTER <u>N</u> <u>888</u> FEET FROM THE <u>South</u> LINE AND <u>1854</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>18 S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat Artesia 2-2-87
15. Elevation (Show whether DF, RT, GR, etc.) 3568 DF	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐OTHER ☐PLUG AND ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPS. ☐CASING TEST AND CEMENT JOBS ☐OTHER Set CLBP ☒ALTERING CASING ☐PLUG AND ABANDONMENT ☐

17. 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.

11-39-83 Set cast iron bridge plug at 1820' with packer at 350'
tested casing to 500 psi. Held okay.

JCC:pc

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

SIGNED Cliff Chapman TITLE Assistant District Manager of Production DATE 12-28-83

Cliff Chapman

Original Signed By
Leslie A. ClementsAPPROVED BY _____ TITLE Supervisor District II DATE JAN 04 1984

CONDITIONS OF APPROVAL, IF ANY: