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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 Arriba Rd., Aztec, NM 87410

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

WELL API NO.	015-05499
5. Indicate Type of Lease	STATE ☐ FEE ☐
6. State Oil & Gas Lease No.	-
7. Lease Name or Unit Agreement Name	Edwards Federal
8. Well No.	1
9. Pool Name or Wildcat	Shugart Yates 7 Rivers Queen Grayburg
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3705 GR

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 ☐	2. Name of Operator Kaiser-Francis Oil Company
3. Address of Operator P. O. Box 21468, Tulsa, OK 74121-1468	4. Well Location Unit Letter 0 : 990 Feet From The South Line and 2310 Feet From The East Line Section 9 Township 18S Range 31E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3705 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: MIT test ☒		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.

This is to request approval to leave above well in a shut-in status.

Well will be MIT tested within 30 days.

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

SIGNATURE Charlotte Van Valkenburg TITLE Technical Coordinator DATE 9/28/00
TYPE OR PRINT NAME Charlotte Van Valkenburg 918-491-4314 TELEPHONE NO.

(This space for State Use)

APPROVED BY Record Only TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: