

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DEPARTMENT
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-79

SEP 17 '87

O. C. D.
OFFICE

3a. Indicate Type of Lease State ☐ Fee ☐
5. State Oil & Gas Lease No.
7. Unit Agreement Name Springs Unit
8. Farm or Lease Name
9. Well No. # 2
10. Field and Pool, or Wildcat Bone Springs Form.
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PUMP BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Salt Water Disposal Well
2. Name of Operator Unichem International Inc.
3. Address of Operator P. O. Box 1659 Eunice, New Mexico 88231
4. Location of Well UNIT LETTER I 1650 FEET FROM THE South LINE AND 754 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 20S RANGE 26E N.M.P.M.
15. Elevation (Show whether DF, K1, GR, etc.) 3221' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐
TEMPORARY ABANDON	☐
PULL OR ALTER CASING	☐
OTHER	☐

PLUG AND ABANDON	☐
CHANGE PLANS	☐

REMEDIAL WORK	☐
COMMENCE DRILLING OPNS.	☐
CASING TEST AND CEMENT JOBS	☐
OTHER	☐

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.

6-29-87 Moved on, rigged up, pulled tubing and packer. Found 1 split collar on tubing and packer rubber damaged.

6-30-87 Ran back in hole with a new joint of tubing and new rubber on packer. Set packer, tested, unset packer, circulated hole with packer fluid, reset packer, ran 30 minutes on chart test. Test was good, and, witnessed by Darrell Moore of OCD.

Rigged down and cleaned up location.

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

SIGNED Ed Nesselhaendt TITLE manager DATE 9-14-87

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: