|  | State of New Mexico<br>Ene of, Minerals and Natural Resources Department  | Form C-103<br>Revised 1-1-89   |
|--|---|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240<br>DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210 | OIL CONSERVATION DIVISION<br>Santa Fe, Wew Mexico 87504-2088  | WELL API NO.<br><u>30-015-2005</u><br>5. Indicate Type of Lease<br>STATE FEE |
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410   | ICES AND REPORTS OF TO DEFENSIVE PEDIG BACK TO A  | 6. State Oil & Gas Lease No.   |
| ( DO NOT USE THIS FORM FOR PI<br>DIFFERENT RESI<br>(FORM   | ROPOSALS TO DRILL OR TO DE <b>ENDIGE</b> PEDIG BACK TO A<br>ERVOIR. USE "APPLICATION FOR PERMIT"<br>C-101) FOR SUCH PROPOSALS.)   | 7. Lease Name or Unit Agreement Name<br>Springs Unit                         |
| 1. Type of Well: OL GAS   WELL WELL WELL   2. Name of Operator                                   | OTHER SWD   | 3 þ) (1193 - 011 (0  |
| 3 Address of Operator  | and Trucking L<br>lox 127 Carlsbad, NM 88220  | 9. Pool name or Wildcat<br>Bone Springs Form                                 |
|  | 205 - 26F   | 54752 Feet From The East Line  |
| Section 27   | Township Law Range<br>10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3221 GL   |  |
|  | NTENTION TO:  |  |
|  | PLUG AND ABANDON REMEDIAL WORK   CHANGE PLANS COMMENCE DRIL   |  |
| PULL OR ALTER CASING   | CASING TEST AN  |  |
| 12. Describe Proposed or Completed (<br>work) SEE RULE 1103.<br>3-20-95 Rigged up                | Derations (Clearly state all pertinent details, and give pertinent dates,<br>on location at approximately 7,<br>84 loints of 2 3/8 tubing and 8,<br>New Mexico packer fluid picke | QQam. Blew wekk down upset<br>5/8 packer. Tubing and                         |

packer locked good, New Mexico packer fluid provide Pierre Pierre

SEE ATTACHED COPY

| I hereby certify that the information above is true and complete to the best of my know | riedge and belief. |                   |
|---|--------------------|-------------------|
| SION ATURE  | TILE               | DATE              |
|   |                    | TELEPHONE NO.     |
| TYPE OR PRINT NAME  |                    |                   |
| This space for State Use)<br>ORIGINAL SIGNED BY TIM W. GUY                              |                    | DATE APR 1 0 1995 |
| APPROVED BY   | IIIUE              |                   |

## RECEIVED

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APR ยี่ วี 1585

CCC HOLSS OFFICE