

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 Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

SEP 9 1991

O. C. D.

ARTESIA OFFICE

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

K-675 & Fee

7. Lease Name or Unit Agreement Name

City of Carlsbad Com

8. Well No.

1

9. Pool name or Wildcat

South Carlsbad Morrow

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

Corinne B. Grace ✓

3. Address of Operator

P O Box 1418 Carlsbad, NM 88220

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 25 Township 22S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3226 DF

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 ☐

OTHER: ☐

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.

12/14/90

Installed plunger lift at seating nipple depth of 11312 feet.

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

SIGNATURE

*Mitchell Morris*

TITLE Accountant

DATE 12/17/90

TYPE OR PRINT NAME

Mitchell Morris

TELEPHONE NO. 505-887-5581

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

SEP 13 1991

CONDITIONS OF APPROVAL, IF ANY: