

Submit 3 Copies
to Appropriate
District Office

Santa Fe		
File		
BLM		
Land Office		
B of M		
Operator		

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

RECEIVED

JAN 22 '90

WELL API NO. 00391
30015905800061

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NMLC065421

7. Lease Name or Unit Agreement Name

Bradley-Federal

8. Well No.
1

9. Pool name or Wildcat
Black River

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, ARTESIA, OFFICE
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Thornton Hopper

3. Address of Operator
Box 953, Midland, Texas 79702

4. Well Location
NW 1/4 NW 1/4
Unit Letter D : Feet From The Line and Feet From The Line
Section 13 Township 24 Range 26 E NMPM Eddy County

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

Unknown

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.

Well Shut-In in approx. Feb. 1989

Remedial Work on well to establish production as soon as economics permit.

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

SIGNATURE Jean Ellison TITLE Agent DATE 1-19-90

TYPE OR PRINT NAME Jean Ellison (915) 684-6381 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: