

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

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

5. Indicate Type of Lease

STATEX ☐

FEE ☐

6. State Oil & Gas Lease No.

177765

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.)

7. Lease Name or Unit Agreement Name

MALAGA 6-1

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

CALVIN & ALMA TENNISON

8. Well No.

1

3. Address of Operator

2401 MARTIN LANE, CARLABAD, N.M. 88201

9. Pool name or Wildcat

malaga deleware

4. Well Location

Unit Letter 0 : 990 Feet From The SOUTH Line and 1650 Feet From The EAST Line

Section 13

Township 24S

Range 28E

NMPM EDDY

County

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

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.

TD 2726 PERFS 2715 SHOE 2715 12 1/4 HOLE

SET CIBP AT 2700 AND CAP. WITH 35" CEMENT 251A cont.

LOAD HOLE WITH 9# 1 GAL MUD

CUT 5 1/2 CASING OFF WHERE POSSIBLE

SPOT 100 PLUG AT 5 1/2 CASING STUB -\* CASING SHOE

SPOT 100' PLUG AT 240-340 ( TOP OF SALT)

SPOT 50' PLUG AT SURFACE



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

SIGNATURE

TITLE

DATE

TYPE OR PRINT NAME CALVIN & ALMA TENNISON

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

2-10-98

CONDITIONS OF APPROVAL IF ANY: