

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

WELL API NO.
30-015-22791

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Big Chief Comm.

8. Well No.

3

9. Pool name or Wildcat

Dublin Ranch (Atoka)

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

Dinero Operating Company

3. Address of Operator

P. O. Box 10505, Midland, Texas 79702

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 21

Township 22S

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.

The subject well is contributing very little gas in our low pressure gathering system. We intend to pull tubing and packer out of well and check packer and test tubing, go back in well with new packer and do a small acid job of 1,500 gallons of 7 1/2% on existing perforations. Swab well back, and put on line.

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

SIGNATURE Charlie Williams TITLE Production Superintendent DATE 11/28/95

TYPE OR PRINT NAME Charlie Williams TELEPHONE NO. 915/684-5544

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 1/3/96

CONDITIONS OF APPROVAL, IF ANY: