

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIV **RECEIVED**

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 21 1982

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease

State ☐

Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL ☐ WELL ☐ GAS ☒ WELL ☒ OTHER ☐	7. Unit Agreement Name
2. Name of Operator <u>El Paso Natural Gas Co. ✓</u>	8. Farm or Lease Name <u>C. Carrasco Com</u>
3. Address of Operator <u>1800 Wilco Bldg. - Midland, Texas 79701</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>H</u> , <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>860</u> FEET FROM <u>Unit Perforator</u> THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>23S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) <u>GL 3053.0</u>	12. County <u>Eddy</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Perforate ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

On 6/14/82 rigged up Apollo Perforators and perforated 12,577-12,589; 12,421-12,425; 12,404-12,420; 12,388-12,400; 1 spf, .32" holes (42 holes). Shut in well. Waiting on completion.

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

SIGNED John S. Beck

TITLE Supervisor Production Svc.

DATE 6/16/82

APPROVED BY Mike Walker

TITLE OIL AND GAS INSPECTOR

DATE JUN 25 1982

CONDITIONS OF APPROVAL, IF ANY: