

Submit 3 Copies  
To Appropriate  
District Office  
DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II  
811 South First, Artesia NM 88210

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

State of New Mexico  
Energy Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87503

Form C-103  
Revised March 25, 1999

WELL API NO.

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

8. Well No.

9. Pool name or Wildcat

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

3. Address of Operator

4. Well Location

Unit letter \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line

Section / \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ NMPM \_\_\_\_\_ County \_\_\_\_\_

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE  
COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

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July 8-1999 cont: Flowed well to pit. toh w/ pkr RIH w/ tbq. Made 10 swab runs  
Recovered acid. Slight oil show. SION

July 9, 1999 SITP 250 lbs. Blew well down to tank. made 2 swab runs. Recovered  
2-BO 0-BW. nipples down BOP. RIH w/ rods and pump. Hung on well.  
Released PU.

End of Report.



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

Telephone No.

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: