

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 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-25141

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

BECCO SWD Delaware

8. Well No.

1

9. Pool name or Wildcat

SWD 76100
LOUNG DELAWARE SOUTH

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 DISPOSAL

2. Name of Operator

RAY WESTALL

3. Address of Operator

P.O. Box 4 Loco Hills NM 88255

4. Well Location

Unit letter E : 2200 feet from the NORTH line and 660 feet from the WEST line

Section 20

Township 23 S Range 28 E NMPM EDDY County

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

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 ☐

MULTIPLE
COMPLETION ☐

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND
ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: CONVERT TO DISPOSAL ☐

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.

5-18-99 RUN 5675' 2 3/8" PLASTIC COATED Tubing set in packer
@ 5676' CIRCULATE PACKER FLUID TEST

5-21-99 CALLED OCD ARTESIA to witness PRESSURE TEST
SET FOR 5-24-99

5-24-99 PRESSURE TEST TO 550 PSI CHART ATTACHED
READY TO ACCEPT WATER

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

SIGNATURE

TITLE BECCO S.I.S.T

DATE 11/19/99

Type or print name

Telephone No.

(This space for State use)

APPROVED BY Mike Stullfield
Conditions of approval, if any:

TITLE Field Rep II

DATE 11/23/99

RBDMS/EL