

to Appropriate
District Office

Energy, Minerals and Natural Resources Department

CONFIDENTIAL Form C-103
Revised 1-1-88

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

RECEIVED

MAR 28 '90

WELL API NO.

30-015-26285

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Culebra Bluff "23"

8. Well No.

4

9. Pool name or Wildcat

E. Loving (Delaware)

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 ☒

OAS
WELL ☐

OTHER

2. Name of Operator

RB Operating Company

3. Address of Operator

2412 N. Grandview, Suite 201 Odessa, Texas 79761

4. Well Location

Unit Letter E : 894 Feet From The West Line and 1890 Feet From The North Li

Section 23

Township 23S

Range 28E

NMPM

Eddy

County

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

G.R. 3032.07

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.

3/14/90

Ran 146 joints 5-1/2" J-55 LT&C casing set at 6305' and cemented 1st stage with 700 sacks 50/50 Pozmix tailed w/ 100 sacks class "C"; 2nd stage 1100 sacks Pacesetter "Lite" tailed w/ 100 sacks Class "C" + 2% CaCl₂.

Tested casing to 1500 psi.

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

SIGNATURE

TITLE Area Manager

DATE 3-26-90

TYPE OR PRINT NAME

F. D. Schoch

(915)
TELEPHONE NO. 362-6302

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

MAR 30 1990

CONDITIONS OF APPROVAL, IF ANY: