

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.

30-015-26368

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.

12

9. Pool name or Wildcat

E. Loving (Delaware)

SUNDY 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

RB Operating Company

3. Address of Operator

2412 N. Grandview, Suite 201, Odessa, Tx. 79761

4. Well Location

Unit Letter H : 2140 Feet From The North Line and 400 Feet From The East Line

Section 23

Township 23S

Range 28E

NMPM Eddy

County

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

2992.4 GR

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: Completion ☒

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.

6/26/90 Cleaned out to 6280' PBTD, perf 5-1/2" casing w/6180'-88', 6196'-6202', 6214'-18', 6228'-34', & 6253'-57', 2 SPE, 56 holes, ran 2-7/8" tubing, set Parker @6060', acidized w/1000 gals. 10% HCL, fraced w/21,000 gals. & 51,000# 16/30 sand.

7/4/90 Flow testing.

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

SIGNATURE

TITLE

Area Manager

DATE

7/16/90

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

JUL 27 1990

CONDITIONS OF APPROVAL, IF ANY: