| Submit 3 Copies To Appropriate District | State of New Mexico | Form C-103 |
|--|---|---|
| Office District I | Energy, Minerals and Natural Resources | May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 30-039-22598 |
| District III | 1220 South St. Francis Dr. | 5. Indicate Type of Lease STATE FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | · | 0. 5 6.1 6.1 6.1 6.1 6.1 6.1 |
| 87505 | FICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| | OSALS TO DRILL OR TO DEEPEN OR PLUG BACK,TO-A | |
| DIFFERENT RESERVOIR. USE "APPI | LICATION FOR PERMIT" (FORM C-101) FOR SUCH | Rosa |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well 🛛 Other | 8 Well Number 084 |
| Type of Well: Oil Well Name of Operator | | |
| | Production Company, LLC | 120782 |
| 3. Address of Operator | Continued a format | 10. Pool name or Wildcat |
| | POR 640 Aztec NM | Masa Varda |
| 4. Well Location | AL MENT | |
| | 890 feet from the N line and 1 | 060 ⋄ feet from the E line |
| | ownship 31N Range 04W NMPM | County Rio Arriba |
| | 11. Elevation (Show whether DR, RKB, RT, GR | |
| | 6841' GR | |
| Pit or Below-grade Tank Application | or Closure 🗌 | - |
| Pit type_Workover_Depth to Groundwater_>100 ft_Distance from nearest fresh water well_>1000 ft_ Distance from nearest surface water_>500 ft_ | | |
| Pit Liner Thickness: 12 | mil Below-Grade Tank: Volumebbls; (| Construction Material |
| | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF I | NTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | | |
| TEMPORARILY ABANDON | CHANGE PLANS COMMENCE | DRILLING OPNS. P AND A |
| PULL OR ALTER CASING |] MULTIPLE COMPL ☐ CASING/CEI | MENT JOB |
| OTHER. | C OTHER | |
| OTHER: | OTHER: | s and give pertinent dates including estimated date |
| 13. 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. | | |
| • · · · · · · · · · · · · · · · · · · · | | |
| | | |
| Workover pit to be located approximately 50 to 75 feet from well head. Pit to be used to handle mud and associated waste | | |
| during P&A operations, and pit will be considered out of service once rig moved off location. Pit to be constructed, operated and closed in accordance with NMOCD guidelines and Williams procedures. | | |
| and crosed in accordance with | NMOCD guidelines and Williams procedures. | |
| | | |
| | | |
| | | |
| I hereby certify that the informatio | n above is true and complete to the best of my know | vledge and belief. I further certify that any pit or below- |
| grade tank has been/will be constructed | or closed according to NMOCD guidelines ⊠, a general pern | nit or an (attached) alternative OCD-approved plan . |
| n 103 | | |
| SIGNATURE | TITLE EH&S Speci | <u>ialist</u> DATE <u>07/06/06</u> |
| Time or print name Michael V | Lane D mail address worder lane Quality | ma com Talanhara Na EDE 004 4040 |
| Type or print name Michael K | | ms.com Telephone No. 505-634-4219 |
| For State Use Only | MAN D CAS | INSPECTOR, DIST. (2) |
| | TITLE | אווו חיץ אחת |
| The state of the s | Title | DATE |
| Conditions of Approval (if any): | | |