

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-045-24694

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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

Taurus Exploration U.S.A., Inc.

3. Address of Operator

2198 Bloomfield Highway; Farmington, NM 87401

4. Well Location

Unit Letter H : 2280 Feet From The North Line and 790 Feet From The East Line

Section 8 Township 30N Range 11W NMPM San Juan County

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

5616 GL

7. Lease Name or Unit Agreement Name

Fee

8. Well No.

9. Pool name or Wildcat

Aztec PC/Blanco MV

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: Packer Repair

☒

**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.

It is intended to repair the packer leak as follows:

1. MIRU. TOH with 1 1/4" tubing string. Release seal assembly and TOH.
2. TIH and clean out to 4612' with air mist. TOH.
3. Redress seal assembly, replace bad tubing, and rerun both tubing strings.
4. Return well to production.

*Packer Leakage test Required*

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

SIGNATURE

TITLE Production Superintendent

DATE 11/2/98

TYPE OR PRINT NAME Gary Brink

TELEPHONE NO. 505-325-6800

(This space for State Use)

**ORIGINAL SIGNED BY CHARLIE T. PERRIN**

**DEPUTY OIL & GAS INSPECTOR, DIST. #3**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 3 1998