

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

NM OIL CONSERVATION DIVISION
New Mexico
ARTESIA DISTRICT
Energy, Minerals and Natural Resources

Form C-103
August 1, 2011

SEP 08 2015

OIL CONSERVATION DIVISION

RECEIVED
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-015-01787
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Breithurn Operating LP		6. State Oil & Gas Lease No.
3. Address of Operator 1401 McKinney St. Ste. 2400, Houston, TX 77010		7. Lease Name or Unit Agreement Name Artesia Unit
4. Well Location Unit Letter I : 1650 feet from the S line and 990 feet from the E line Section 3 Township 18S Range 28E NMPM County Eddy		8. Well Number 52
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 370080
		10. Pool name or Wildcat Artesia (Queen-Grayburg-San Andrs)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/14/15 MIRU plugging equipment. Dug out cellar.

07/15/15 RIH w/ 7" gauge ring to 2150'. POH. RIH and set 7" CIBP to 2150, would not set. RIH w/ tbg open ended and Spotted 55 sx cement @ 2150-1850. WOC.

07/16/15 Tagged plug @ 1815'. Circulated hole w/ mud laden fluid. Perf'd csg @ 1650'. Sqz'd 55 sx cement and displaced to 1550. WOC. NO TAG. Re-Sqz'd 55 sx cement @ 1650-1550. WOC.

07/17/15 Tagged plug @ 1498. Perf'd csg @ 560'. Sqz'd 55 sx cement and displaced to 460'. WOC. Tagged plug @ 443'. Perf'd csg @ 60'. Sqz'd 45 sx cement and circulated to surface. RDMO.

07/29/15 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.emnrd.state.nm.us/oed.

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

SIGNATURE Jeanie McMillan TITLE Regulatory SUPERVISOR DATE 9-3-15
Type or print name JEANIE McMillan E-mail address: jeanie.mcmillan@breithurn.com PHONE: 713-634-4696
For State Use Only
APPROVED BY: [Signature] TITLE Director DATE 9-9-15
Conditions of Approval (if any):

Submit Subsequent C-103