

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-015-05712

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E 6018

7. Lease Name or Unit Agreement Name

STATE

8. Well Number

1

9. OGRID Number

018862

10. Pool name or Wildcat

SHUGART

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

RAY WESTALL

3. Address of Operator

Box 4, Loco Hills NM 88255

4. Well Location

Unit Letter C : 330 feet from the NORTH line and 1650 feet from the WEST line
Section 2 Township 19S Range 31E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3626 TH

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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 ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

SET CIBP @ 2725' (TOP OF PERFS) CAP WITH 35' CMT
SPOT 300' CMT 2150' - 2450 (ACROSS TOP 4 LATES TO BASE SALT) TAG
SPOT 100' CMT 860' - 960' (8 5/8 CSNG SHOE 910') Perfs. + Sgum
60' SURFACE PLUG Perfs. + Sgum
HEAVY MUO BETWEEN ALL PLUGS

Notify OCD 24 hrs. prio
To any work done.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

TITLE

DATE

Type or print name

E-mail address:

Telephone No. 677-2370

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

RAY WESTALL
STATE #1
30-015-05712

