

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

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. 30-015-10258
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Re-entry of P&A well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Sandel Operating Company		6. State Oil & Gas Lease No. (1964 P&A)
3. Address of Operator P. O. Box 10487, Midland, TX 79702		7. Lease Name or Unit Agreement Name Harris State
4. Well Location Unit Letter P : 660' feet from the South line and 660' feet from the East line Section 36 Township 18S Range 23E NMPM County Eddy		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3830' KB		9. OGRID Number 226685
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> See C-144		10. Pool name or Wildcat Antelope Sink (Upper Penn)
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Run 7" Liner <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
- Tested 8-5/8" casing from 1470' to 861', O.K.; below 222' tested OK to 2000 psig, from 42' to 222' casing did not test.
- Cemented 8 5/8" casing above 222' with 350 sacks Class C w/1% CAC12, 20# cellophane flakes and 1 sack cement; No returns at 2.7 BPM.
- Pulled tubing to 100', attempt hesitation squeeze, no pressure build up and strong vacuum.
- Tag cement at 194'; pump 300 sacks Class w/CACL2, 15# gilsonite and 10# cellophane flakes; circulate cement to surface with full returns; hesitate squeeze 30-60 psig; tag cement at 180'.
- Decision made to run 7" liner; drill out cement and clean hole.
- Weld on 9-5/8" X8-5/8" head.
- Ran 11 joints 7" 23#/ft., J-55, T&C casing set at 460', cemented with 110 sacks Class C with poly flakes in lead and CAC12 in tail; partial returns, no cement to surface. Pumped 20 sacks down backside at 50 psig. Tagged cement at 390'.
- Drilled out to 467', tested liner and shoe to 1000 psig for 30 minutes, O.K.

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE A. Henry L. Jones TITLE Agent DATE 7/17/06

Type or print name Jim W. Jones E-mail address: _____ Telephone No. _____
For State Use Only

APPROVED BY District II Supervisor TITLE _____ DATE 7/24/06
Conditions of Approval (if any): _____