

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
June 16, 2008

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

WELL API NO. 30-015-21499
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Willow Lake Com
8. Well Number 1
9. OGRID Number 161968
10. Pool name or Wildcat Wildcat SWD Bonespings

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 SWD
2. Name of Operator
Mesquite SWD Inc.
3. Address of Operator
P.O. Box 1479 Carlsbad NM 88220

4. Well Location
Unit Letter C : _____ feet from the 660 FNL line and 1980 FWL feet from
the _____ line
Section 22 Township 24S Range 28E NMPM County Eddy

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

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.

- 1) Had Presure on the back side
- 2) Toh found hole 2nd joint replaced replaced packer baker lock set with on off tool.
- 3) Pump 320 bbl fresh water with packer fluid.
- 4) Set back on pump out pump off plug ran 30min chart 520# held returned back to production.

Accepted for record
NMOCD

RF

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

SIGNATURE Clay L Wilson TITLE V.p. DATE 5-28-
2008

Type or print name Clay L Wilson E-mail address: _____ PHONE: 505-
885-3996

For State Use Only

