

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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. 30-015-34917
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: CHATTER BOX 1823-19 STATE COM
8. Well Number 1
9. OGRID Number 230387
10. Pool name or Wildcat FOUR MILE DRAW; WOLF CAMP

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4066'

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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7-21-06

RUN 9.625" CSG, 12.25" HOLE, 36# SET @ 1400', OMT W/
LEAD #1: 180 SX CL h + 10% A10 + 10 # LOM + 1% CACL2 + 25# CELLO FLAKE 14.6 PPG, 1.52 YIELD.
LEAD #2: 450 SX 50/50 POZ + 5% SALT + 25# CELLO FLAKE, 11.6 PPG, 2.61 YIELD
TAIL: 300 SX CL C + 2% CACL2 + 25# CELLO FLAKE 14.8 PPG, 1.34 YIELD, 5 CENTRALIZERS
OMT DID NOT CIRC, TEMP SURVEY TOP OF CEMENT @ 1200', OMT TO SURFACE W/ 1"
WOC 24 HRS, TEST CSG TO 500 PSI FOR 30 MIN.

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 Kaye McCormick TITLE SR. PROD & REG TECH. DATE 08/15/06
E-mail address: kmccormick@pl11.com
Type or print name KAYE MC CORMICK Telephone No. 432-685-6563

For State Use Only

APPROVED BY Accepted for record - NMOCD TITLE _____ DATE 8/24/06
Conditions of Approval, if any: