

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 01922

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

OCT 14 2008

7. Lease Name or Unit Agreement Name

Adkin William

8. Well Number

27

9. OGRID Number

009759

10. Pool name or Wildcat

Q-GB JA

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

H. DWANE PATRICK JR

3. Address of Operator

1306 S. 9th Artesia NM 88210

4. Well Location

Unit Letter 0 : 890 feet from the South line and 2310 feet from the East line
Section 17 Township 18 S Range 28 E NMPM County F.D.C.

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

Fit or Below-grade Tank Application ☐ or Closure ☐

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

Fit Liner Thickness: _____ mll Below-Grade Tank Volume: _____ mll 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.

Hooked up electrical pump

ACCEPTED FOR RECORD

convert
Return to production

OCT 14 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

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

[Signature]

TITLE

owner

DATE

10-1-08

Type or print name

For State Use Only

E-mail address:

Telephone No.

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):