

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 Bravo Rd., Aztec, NM 87410
District IV
1220 E. 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

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WELL API NO. 30015 01351
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 8743
7. Lease Name or Unit Agreement Name JUN 14 OCT 1 + 2008
8. Well Number 2 OCD-ARTESIA
9. OGRID Number 009759
10. Pool name or Wildcat R Q CB
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Applications ☐ or Closure ☐
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness _____ mbl Below-Grade Tank Volume _____ mbl 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.

per 12-99
Run 1500 tubing set 2 3/4 cement plug - tagged
per 584 Run 630 pt tubing fringed bottom hole w/pt cement
set dog hole marker
cleaned location

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

SIGNATURE [Signature] TITLE Owner DATE 10-10-08

Type or print name
For State Use Only
APPROVED BY: Accepted for record
NMOCDC [Signature]
Conditions of Approval (if any):

E-mail address: _____ Telephone No. _____
Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.
DATE 10/15/08