

PM

Submit 1 Copy 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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

OCT 30 2009

Form C-103
October 13, 2009

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 APPL NO. 30-015-02645
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Water injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>Doral Energy Corp</u>		6. State Oil & Gas Lease No. <u>06-1644</u>
3. Address of Operator <u>415 W. Wall St.; Suite 500; Midland, Tx 79701</u>		7. Lease Name or Unit Agreement Name <u>West Artesia Graburg Unit</u>
4. Well Location Unit Letter <u>C</u> : <u>990</u> feet from the <u>North</u> line and <u>2310'</u> feet from the <u>West</u> line Section <u>8</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3633' KB</u>		9. OGRID Number <u>261198</u>
		10. Pool name or Wildcat <u>Artesia Gn-GB-SA</u>

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"/>	
DOWNHOLE COMMINGLE <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 10/27/09 Perforated 2 TSPF from 1982-2068'; 2088'-2096'; 2108'-2133'; 2150'-2159'; 2162'-2165'; 2178'-2180'; 2193'-2218' & 2218'-2242'. Acidized 1982-2242' & 2254'-2264' (existing perforations) w/ 3500 gals 15% NEFEMHCl acid. T14 w/ 236' plastic coated hog & AD-1 pkr. Set pkr @ 1918'. Loaded csg/hog annulus w/ pkr fluid. Secured well. Notified NMOC for MIT witness. 10/30/09. Tested csg/hog annulus to 4600 psi. Held OK. Test witnessed by Randy Dade w/ Artesia NMOC. Release pressure. well ready to begin injection

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE

DATE

Type or print name

E-mail address

PHONE

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop

Cabinet Secretary

Mark E. Fesmire, P.E.

Director

Oil Conservation Division

Date Oct 30 - 2009

API # 30-015 - 02645

Dear Operator:

I have this date performed a Mechanical Integrity Test on the WEST ARTESIA GRAYBURG Unit #1.

☒ If this test was successful the original chart has been retained by the NMOCD and will be scanned into the well's file in 7 to 10 days, pending receipt of the Form C-103 indicating the reason for this test. The well files are located at www.emnrd.state.nm.us/oed/OCDOnline.htm

☐ If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed as a result of this test.

☐ If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status.

☐ If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the repair to the well. Only after receipt of the C-103 will the non-compliance be closed.

☐ If this is a successful Initial Test of an injection well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the work done on this well including the position of the packer, tubing information and the date you began injection into the well.

If I can be of additional service contact me at (505) 748-1283 ext 107.

Thank You,

Richard Inge

Field Inspector

District II - Artesia