

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

SEP 21 '90

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

White Ranch

8. Well No.

3

9. Pool name or Wildcat

White Ranch Miss. Gas

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

C. W. Trainer ✓

3. Address of Operator

c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM

4. Well Location

Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line

Section

34

Township

11S

Range

29E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3778 GR

11.

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Shut In for line repairs ☒

12. 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.

A leak in transmission line between lease and El Paso  
meter caused loss of August production. Well shut in  
9/6/90 until leak can be repaired.

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

SIGNATURE

*W. Williams*

TITLE

Agent

DATE

9/20/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

SEP 25 1990

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

1. CUSTOMER SERVICE  
2. CUSTOMER SERVICE  
3. CUSTOMER SERVICE

RECEIVED

SEP 20 1990

002  
HOBBS OFFICE