

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

JUL 14 1993

WELL API NO.	30-005-10165
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	White
8. Well No.	2-SWD
9. Pool name or Wildcat	Race Track (San Andres)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3761 KB

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 ☐

OAS
WELL ☐

OTHER SWD

2. Name of Operator

Klabzuba Operating Company

3. Address of Operator

930 West First St. Ft. Worth, TX 76102

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 18

Township 10S

Range 28E

NMPM

Chaves

County

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: ☐

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.

Casing: 10 3/4" set @415'. Cement circulated to surface.

4 1/2" set @2320'. Cement circulated to surface.

Perfs: 2186-2202, 2262-2264, 2283-2289. Permanent packer @2150'

Proposed Operation: Pull fiberglass tubing & seal assembly. Set retrievable BP @2120'. Load hole & pressure test to 500 psi for 30 minutes. Shut well in.

Notify N.M.O.C.C. in sufficient time to witness

TA Test

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

SIGNATURE

TITLE

Engineer

DATE 7/9/93

TYPE OR PRINT NAME

John M. Roberts

TELEPHONE NO 817-336-5757

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: