

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

451
dp +
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

WELL API NO.
30-005-60962

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 RECEIVED
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Pelto Oil Company ✓

3. Address of Operator
500 Dallas, Suite 1800, Houston, TX 77002 ARTESIA OFFICE

4. Well Location
Unit Letter D : 330 Feet From The North Line and 330 Feet From The West Line

Section 5 Township 9S Range 29E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3963.5 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: TA'd, held for secondary recovery, brought back on production. ☒

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.

Well temporarily abandoned April 28, 1986, brought back on production 12/4/83.

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

SIGNATURE Bernie Nalson TITLE Magr. Prod. Adm. DATE 1/22/89

TYPE OR PRINT NAME Bernie Nalson TELEPHONE NO. 713/651-1800

(This space for State Use)

Original Signed By
Mike Williams

APPROVED BY _____ TITLE _____ DATE JAN 30 1989

CONDITIONS OF APPROVAL, IF ANY: