



**LTR**



**Job separation sheet**

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 87210

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

CISF  
Op

Form C-103

Revised March 25, 1999

WELL API NO.  
30-005-61152

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
LG-566-1

7. Lease Name or Unit Agreement Name:

Grynberg 16 State

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

Jack J. Grynberg

8. Well No.

4

3. Address of Operator

5299 DTC Blvd., Suite 500, Greenwood Village, CO 80111

9. Pool name or Wildcat

Abo

4. Well Location

Unit Letter G : 1980 feet from the North line and 1980 feet from the East line

Section 16 Township 5S Range 24E NMPM County Chaves

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3982 KB

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

See attached reports.

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

SIGNATURE Ken McKinney TITLE Prod. Manager DATE 7/31/2002

Type or print name Ken McKinney

(This space for State use)

Telephone No. 303-850-7490

APPROVED BY [Signature] TITLE Field Rep DATE JAN 10 2003

Conditions of approval, if any

Post Part