

14-174-14-98
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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-005-62714

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

019194

7. Lease Name or Unit Agreement Name

NASTY

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

Melvin or Kathleen Turnbow

8. Well No.

2

3. Address of Operator

1724 West 18th St. Portales, NM 88130

9. Pool name or Wildcat

Race Track San Andres

4. Well Location

Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West East

Section 20

Township 10 S

Range 28 E

NMPM

Chaves

County

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

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. Pulled tubing & run drill bit to T.D. of 2307'.
2. Drilled out iron sulfide, sand, scale.
3. Swabed casing and acidized with 50 gal. HCL 15%.
4. Run in pipe, rods, pump.
5. Put in 500 gal. 26% ammonia, 5 gal. surfactant.
6. Hooked up pumping unit and put well into production.
7. Change Pump, Perf. Sub - 2 1/2 Tubing pump

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

SIGNATURE

Kathleen Turnbow

TITLE

owner

DATE 4/20/98

TYPE OR PRINT NAME

Kathleen Turnbow

505-356-3755
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

4-30-98

CONDITIONS OF APPROVAL, IF ANY: