

1 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

WELL API NO.

30-C15-01289

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

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER INJECTION

2. Name of Operator

WEBB Oil Company

3. Address of Operator

PO Box 1124, Artesia, N.M. 88210

4. Well Location

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

Section

36

Township

16S

Range

28E

NMPM

EDDY

County

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

3611 GR

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.

CHANGE STATUS OF WELL FROM Injection TO producing AND
PLACE ON TAED Status.

This Approval is Temporary
Abandonment Expires

3-29-2005



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

SIGNATURE

Rodney B. Webb

TITLE

Owner

DATE

2-1-01

TYPE OR PRINT NAME

RODNEY B. WEBB

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Perryburg

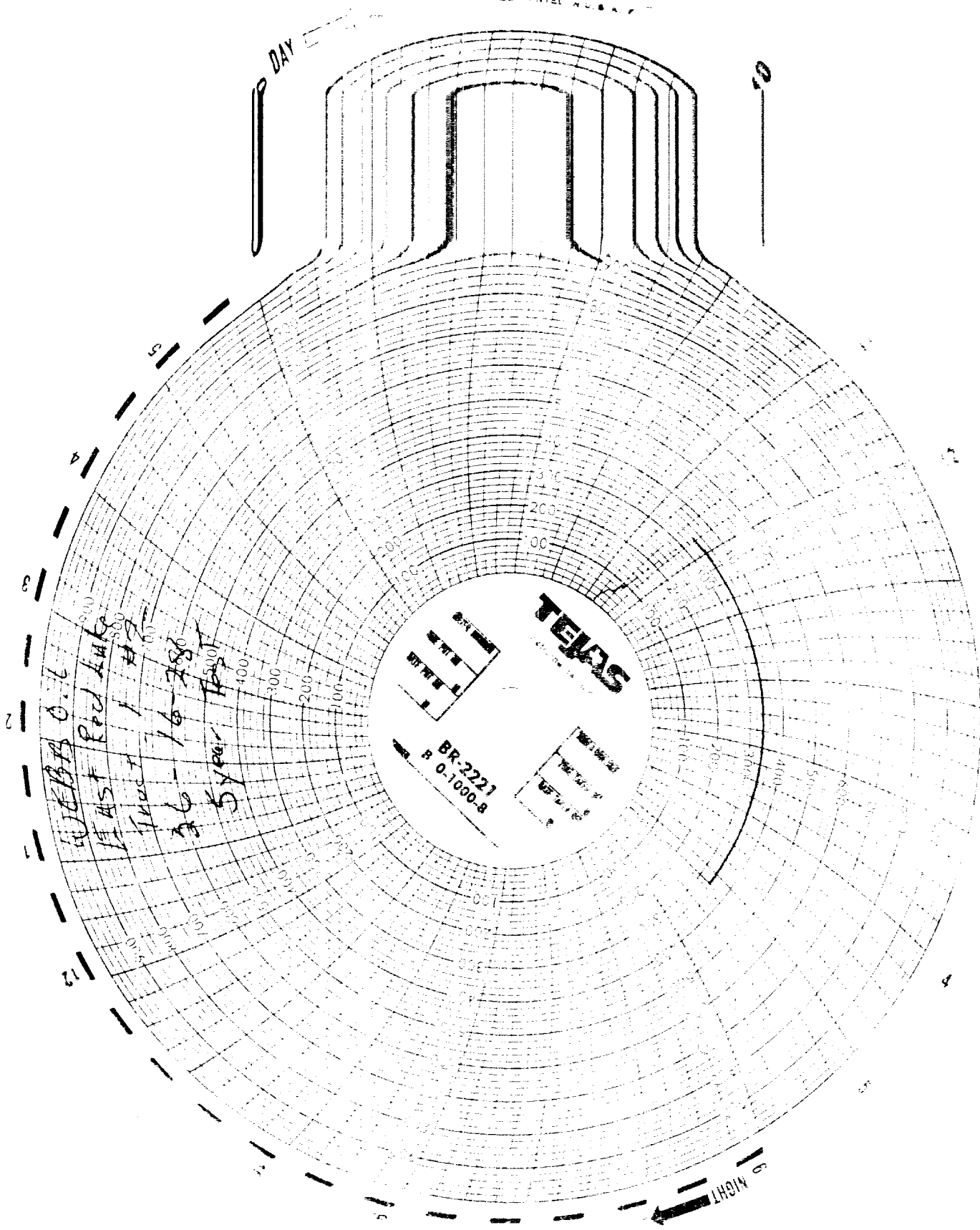
TITLE

Field Rep 1

DATE

2-26-01

CONDITIONS OF APPROVAL, IF ANY:



DAY

NIGHT