## State of New Mexico

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Form C-103 Revised 1-1-89	ין יוץי
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Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-015-24130 Santa Fe, New Mexico 875042088ED **DISTRICT II** P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE STATE JUN 1 8 1991 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. <del>O. C. D.</del> SUNDRY NOTICES AND REPORTS ON WELLSRIES OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL. WELL OTHER Injection Well Red Lake Unit 2. Name of Operator 8. Well No. Beach Exploration, Inc. 3. Address of Operator 9. Pool name or Wildcat 800 N. Marienfeld Ste. 200 Midland, Texas 79701 Red Lake, East 4. Well Location 860 Feet From The North 660 Feet From The East Unit Letter . Line 25 **16**S 28E Eddy Section Township **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 Packer Leakage Test 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. 5-23-91 Ran 51 jts. of 2 3/8" tbg. and 5 1/2" Model AD-1 Tension packer, Set pkr. @ 1651.52'. Test witnessed and approved by Gary Williamson, chart attached. Began injection 6-7-91. Port ID-3 7-12-91 chy prod to WIW I hereby certify that the information above is true and domplete to the best of my knowledge and belief. SIONATURE / Production 6-14-91 TYPE OR PRINT NAME TELEPHONE NO.

SUPERVISOR, DISTRICT II ...... ITLE .... CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY MIKE WILLIAMS

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