

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-11982
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: SOUTH LEONARD QUEEN UNIT
8. Well No. 1
9. Pool name or Wildcat LEONARD QUEEN SOUTH

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 KELTON OPERATING CORPORATION	
3. Address of Operator 1510 HERITAGE BLVD, ANDREWS, TEXAS 79714-2309	
4. Well Location Unit Letter <u>N</u> : _____ feet from the _____ line and _____ feet from the _____ line Section <u>13</u> Township <u>26</u> Range <u>37</u> NMPM LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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: MECHANICAL INTEGRITY TEST ☒

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.

OCTOBER 20, 2004

Run Mechanical Integrity Pressure Casing Test – Well passed test.



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

SIGNATURE C. Dale Kelton TITLE President DATE 10/22/2004

Type or print name C. Dale Kelton

Telephone No. 432.524.6400

(This space for State use)

APPROVED BY Hayward Wink TITLE _____ DATE _____

Conditions of approval, if any:

