

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  
May 27, 2004

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

WELL API NO. 30-025-00048
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MOORE (DEVONIAN) COOP SWD SYSTEM
8. Well Number: 3
9. OGRID Number 019111
10. Pool name or Wildcat DEVONIAN SWD

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: SALT WATER DISPOSAL

2. Name of Operator  
RHOMBUS OPERATING CO., LTD

3. Address of Operator  
P.O. BOX 8316, MIDLAND, TX 79708-8316

4. Well Location  
Unit Letter: I; 1980 feet from the SOUTH line and 660 feet from the EAST line  
Section 14 Township 11S Range 32E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4363' DF

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. 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 COMPL ☐

OTHER: ☐

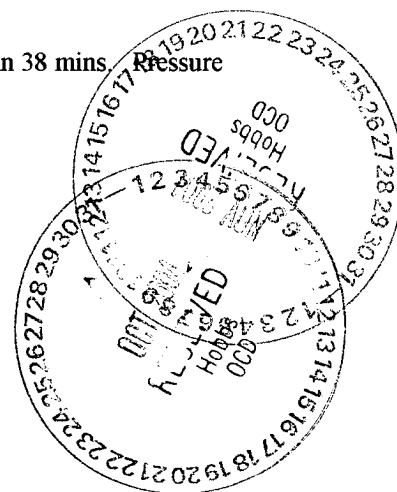
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

13. 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 recompletion.

Repaired tubing leak. Set pkr @ 10,380'. Pumped pkr fluid. Pres up to 470#. Bled to 430# in 38 mins. Pressure recorded on chart which is attached to this report.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE \_\_\_\_\_ TITLE: PRESIDENT OF THE GP (SARSCO INC.) DATE 10-21-04  
Type or print name GREGORY D. CIELINSKI E-mail address: rhombusop@cox.net Telephone No. 432-683-8873

For State Use Only

APPROVED BY: Gary W. Wink TITLE: FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 01 2004  
Conditions of Approval (if any):

