

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
RECEIVED
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

DC-3931

7. Lease Name or Unit Agreement Name

Lea "KN" STATE

8. Well No.

2

9. Pool name or Wildcat

Midway Abo

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 SWD

2. Name of Operator

Smith & MARAS Inc.

3. Address of Operator

P.O. Box 636 Hobbs, NM 88240

4. Well Location

Unit Letter B : 990' Feet From The N Line and 1650' Feet From The E Line

Section 17

Township 17S

Range 37E

NMPM

Lea

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

SAN ANDRES WAS perforated @ 5071 - 82, TO SHUT
ACIDIZED + SWAB TESTED. Well Tested non-commercial.
The well is currently permitted as A SWD (SWD 421)
AND is SI Awaiting Completion as A disposal well.

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

SIGNATURE

TITLE

DATE

7-22-92

TYPE OR PRINT NAME

Michael L. PERCE

TELEPHONE NO.

2-1915

(This space for State Use)

APPROVED BY

TITLE

DISTRICT 1 SUPERVISOR

DATE

DEC 03 '92

CONDITIONS OF APPROVAL, IF ANY: