

State of New Mexico  
Energy, Minerals and Natural Resources

HOBBS OGD CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

MAR 07 2012

WELL API NO.

30-025-02345

5. Indicate Type of Lease

STATE ☐ FEE ☐ FEDERAL ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

EK Penrose Sand Unit

8. Well Number 122

9. OGRID Number

20497

10. Pool name or Wildcat

EK-Yates-SR-Queen

## SUNDY 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 Water Injection

2. Name of Operator

Seely Oil Company

3. Address of Operator

815 W. 10<sup>th</sup> St. Ft. Worth, TX 76102

4. Well Location

Unit Letter K: 1980 feet from the South line and 1887 feet from the West line

Section 19 - Township 18S - Range 34E NMPM Lea County, New Mexico

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

3955' DF

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐DOWNHOLE COMMINGLE ☐PLUG AND ABANDON ☐CHANGE PLANS ☐MULTIPLE COMPL ☐

## SUBSEQUENT REPORT OF:

Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100

feet of the uppermost injection perfs or open hole.

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.

This well failed a recent MIT. Seely Oil Company respectfully requests permission to pull the tubing & make repairs. Prior to returning the well to water injection, an MIT will be performed.

**The Oil Conservation Division**  
**MUST BE NOTIFIED 24 Hours**  
**Prior to the beginning of operations**

**Condition of Approval: notify**  
**OCD Hobbs office 24 hours**  
**prior of running MIT Test & Chart**

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

SIGNATURE

TITLE: Production Analyst

DATE

3/5/12

Type or print name: Melissa Appleby

E-mail address: mappleby@seelyoil.com

PHONE: 817-332-1377

## For State Use Only

APPROVED BY:

TITLE

State Rep

DATE

3-8-2012

Conditions of Approval (if any):

MAR 08 2012