

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

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|---|
| WELL API NO. 30-025-21902 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 23000 |
| 7. Lease Name or Unit Agreement Name ENICE MONUMENT SOUTH UNIT |
| 8. Well Number 282 |
| 9. OGRID Number 5380 |
| 10. Pool name or Wildcat EUNICE-MONUMENT; GRABYBURG-SAN ANDRES |

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

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 ☐

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

OTHER: ☐

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.

CHANGE OUT EQUIPMENT

6/8/05 MIRU PU, ND KUDU DRV HD INSTAL. POH W/PR, REMOVE STUFFING BOX (LEAKING)
REPLACE STUFF. BOX ON DH W/OCEAN ENGR STUF BOX (NEW).
RIHW/1-1/2' X 26' SM PR
NU KUDU DR HEAD. RDMO
RWTP.

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 _____ REGULATORY ANALYST _____ DATE 12/05/2005

Type or print name M. LYN MARR E-mail address: Lyn_Marr@xtoenergy.com Telephone No. 432-620-6714

For State Use Only

APPROVED BY: Larry W. Wink TITLE: OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE: DEC 12 2005
Conditions of Approval (if any): _____