

FAX 575 393 0720

HOBBS OCD

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

MAY 18 2016

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-005-01210 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other DISPOSAL ✓	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	6. State Oil & Gas Lease No.
2. Name of Operator CRAIN HOT OIL SER. LLC ✓	7. Lease Name or Unit Agreement Name Gulf Deep Well #001 ✓	8. Well Number 1 ✓
3. Address of Operator P.O. Box 5846 GRANBURY TX 76049	9. OGRID Number 303735 ✓	10. Pool name or Wildcat
4. Well Location Unit Letter C : 660 feet from the North line and 1980 feet from the west line ✓ Section 34 Township 14 S Range 31 E NMPM County Chaves ✓	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PANO A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: REPAIR Tubing <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5-18-16 Rig up pulling unit, tear down well head,

Unset packer and pull tubing out of hole. Repair Tbg. leak - run tbg & packer back into hole - circulate packer fluid to load annulus - set packer and run integrity test on ssq.

Condition of Approval: notify

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

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

[Signature]

TITLE

President

DATE

5-18-16

Type or print name

Todd CRAIN

E-mail address

CRAIN@CRAINHOTOLIL.COM

PHONE:

For State Use Only

APPROVED BY:

[Signature]

TITLE

Dist. Supervisor

DATE

5/20/2016

Conditions of Approval (if any):

phone: 682-936-4757