

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. 30-025-10500
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> X
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Annie L Christmas
8. Well Number #3
9. OGRID Number
10. Pool name or Wildcat

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Disposal	
2. Name of Operator Key Energy Services	
3. Address of Operator P.O. Box 99 Eunice NM 88231	
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>28</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 Activity, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
- 3/5/2007 Rig up Key Pulling unit, Install BOP 2 3/8 6" 600, Release 5" nickel plated Packer and POH with 3819' of tubing. Shut down over night.
- 3/6/07 3/6/07 Dress Packer - Unit shut down
- 3/7/07 Rig up Key Kill Truck and test tbg in hole, Tbg would not hold due to bad threads. Call Composite Lining systems for 3800' of Recondition pipe. Composite Lining will supervise running tubing in hole to insure plastic lining was intact and seal rings were correctly installed and proper torque applied to threads. Run 20 joints of tubing with 5" nickel plated packer and buster plate on bottom of packer. Testing tubing in Hole with Key Kill Truck. Shut down over night.
- 3/8/07 Tested remaining tubing in hole, Tubing held OK, Contacted Silvia with NMOCD and advised we would be ready to test Casing on 3/9/07, Silvia advised she would not be able to be there for test and to go ahead and run test and chart on well. Shut down over night
- 3/9/07 Key Kill truck Pumped 60 bbl packer fluid, Attempt to set packer, packer would not set, called Troy with Hudson Packers, Troy came and set packer in Tension 8 point over. Tested casing to 500 # Casing tested Good, Rig down BOP and nipple up well head. Pumped out tubing plug @ 2800#.
Rig up Kill Truck and Chart Recorder, Run 30 minute chart @ 500#, No increase or Drop in PSI in 30 min. Nipple up injection line and Rig Pulling unit down.

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 Sam Bliss TITLE DISTRICT MANAGER DATE 3-12-07

Type or print name
For state use only

E-mail address:

Telephone

APPROVED BY:

DATE 3-12-07

Conditions of Approval (if any):

MAR 19 2007

