

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resource 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**  
P.O. BOX 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

**30-041-00010** ✓

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

**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

2. Name of Operator

**MAERSK ENERGY Inc.**

3. Address of Operator

**2424 Wilcrest, Suite 200, Houston, TX 77042-2753**

8. Well No.

**152**

9. Pool name or Wildcat

**Milnesand (San Andres)**

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line  
NE SW Section 12 Township 8S Range 34E NMPM County Roosevelt

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**4249.0'**

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: REPAIR CASING ☐

**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.

The 4.5" Production Casing is parted at a depth of  $\pm 3.5'$ . Approval is requested to repair damaged casing by backing-off parted joint of casing and replacing with another joint of 4.5" casing.

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

SIGNATURE Doug Beveridge TITLE REGULATORY AFFAIRS COORDINATOR DATE March 15, 1993

TYPE OR PRINT NAME DOUG BEVERIDGE TELEPHONE NO. 713/783-0376

(This Space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE MAR 24 1993

CONDITIONS OF APPROVAL, IF ANY: