

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources 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.

5. Indicate Type of Lease  
FEDERAL STATE ☐ FEE ☐

6. State Oil & Gas Lease No.  
Fed.N.M. 0523202

7. Lease Name or Unit Agreement Name  
N.M. "D" Federal

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ X OTHER SWD

2. Name of Operator  
Okie Crude Company

8. Well No.  
#1 SWD

3. Address of Operator  
715 Mid-Continent Tower, Tulsa, OK 74103

9. Pool name or Wildcat  
SWD: San Andres

4. Well Location  
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line  
Section 29 Township 8 South Range 36 East NMPM Roosevelt County

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

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: ☐

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.

3/09/94 Pulled packer which was sheared, pulled 2 3/8" plastic lined tubing, laid down one joint. Shut down overnight.

3/10/94 Ran Baker AD-1 packer on 152 joints of 2 3/8", 4.6# EUE lined tubing, pressure tested tubing above the slips to 5000#. Run tubing in hole and circulated 260 bbls. of packer fluid down annulus. Set packer with 14,000# tension. Pressured up the annulus to 500# and held constant pressure for 30 minutes with no bleed off. Resumed water disposal.

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

SIGNATURE Thomas M. Atkinson TITLE President DATE 3/29/94

TYPE OR PRINT NAME Thomas M. Atkinson TELEPHONE NO. 918-582-2594

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE ORIGINAL SIGNED BY JERRY SEXTON DATE APR 11 1994  
DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: