

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
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
OG-1617

7. Lease Name or Unit Agreement Name
Todd Lower San Andres Unit
Sec. 19

8. Well No.
15

9. Pool name or Wildcat
Todd Lower San Andres Assoc.

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 WIW

2. Name of Operator
Plains Petroleum Operating Company

3. Address of Operator
415 W. Wall, Suite 2110 Midland, Texas 79701

4. Well Location
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line
Section 19 Township 7S Range 36E 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: Convert to Injection ☒

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.

Rig up pulling unit, pick up injection tbg & pkr, load annulus with inert pkr fluid & pressure test to 300 psi, held ok.

Hooked up wellhead injection assembly & started injection August, 1990.

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

SIGNATURE Donna Husband TITLE Office Mgr/ DATE 12-27-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: