

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.

30-005-01105

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 Injection Well

2. Name of Operator

Circle Ridge Production, Inc.

3. Address of Operator

c/o Oil Reports & Gas Services, Inc. Box 755 Hobbs, NM 88241

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 20

Township 14S

Range 31E

NMPM

Chaves

County

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

7. Lease Name or Unit Agreement Name

West Cap Queen Sand Unit

8. Well No.

Tract 10 #7

9. Foot name or Wildcat

Caprock Queen

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: Temporary Abandonment ☒

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.

Request that subject well be placed on a temporarily  
abandoned status 1/1/90. Last water injected  
August 1981.

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

SIGNATURE

*Wanda Dallas*

TITLE Agent

DATE 1/23/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

REGIONAL SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 24 1990

TA Expires 1-1-91