Submit 3 Copies to Appropriate District Office

> Type of Well: weil.

2. Name of Operator

3. Address of Operator

Section

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

11.

OTHER:

26

State of New Mexico

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT.II P.O. Drawer DD, Artesia, NM 88210

DISTRICTLII 1000 Rio Brazos Rd., Artec, NM 87410

wess.

Energy, Minerals and Natural Resources Department Form C-103 Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 <u>30-005-20998</u> 5. Indicate Type of Lease 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 UUUUUUUUUUUUUU DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FOHM C-101) FOR SUCH PROPOSALS.) Water Injection Well Doya1 8. Well No. Yates Drilling Company 9. Pool name or Wildcat 105 South 4th Street, Artesia, NM 88210 SE_Chaves Qn Gas Area Assoc. Unit Letter M: 330 Feet From The South 330 Line and Feet From The West 12S Township Chaves Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4425' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: Convert to WIW

- 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed
 - WIH with $5\frac{1}{2}$ " casing scrapper to 3048'. Came out of hole with scrapper. Ran $5\frac{1}{2}$ " Baker Tension Packer and 2 3/8" seating nipple, both nickel plated. 8-30-90 Ran $9\overline{4}$ jts. 2 3/8" plastic coated tbg., set at 2930.17.
 - Acidized with 500 gals. 15% acid + 10% xylene. Displaced with 3% KCL water. Placed well on injection.

I hereby certify that the information above is true and complete to the heat of my known		
SIGNATURE Faxen & Leishman	—— mr. — Production Clerk	рате1-28-91
TYPE OR PRINT NAME		TELPELIONE NO.
(This space for State Use)	-	REEL
APPROVED BY	mr	DATE