

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. 30-041-20637
5. Indicate Type of Lease FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6X State Oil & Gas Lease No. NM 37611

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 SWD Well

2. Name of Operator
EP Operating Company, Ltd.

3. Address of Operator
6 Desta Drive, Suite 5250, Midland, TX 79705-5510

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 20 Township 4S Range 33E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4410.5' GR

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: Repair Tubing Leak ☒

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.

Work performed from 10/13/92 to 10/14/92:

Pulled out of hole w/tubing and packer. Found hole in collar 219 joints down and hole in tubing 232 joints down. Laid down 20 joints tubing w/bad pins. Ran back in hole w/tubing and packer testing to 5000# above the slips. Landed packer in 18 points compression w/top of packer at 8656'. Pressure tested packer and casing to 500# for 15 mins., held good. Returned well to normal operations.

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

SIGNATURE S.D. Reed -S.D. Reed TITLE Production Superintendent DATE 10/16/92

TYPE OR PRINT NAME

TELEPHONE NO.

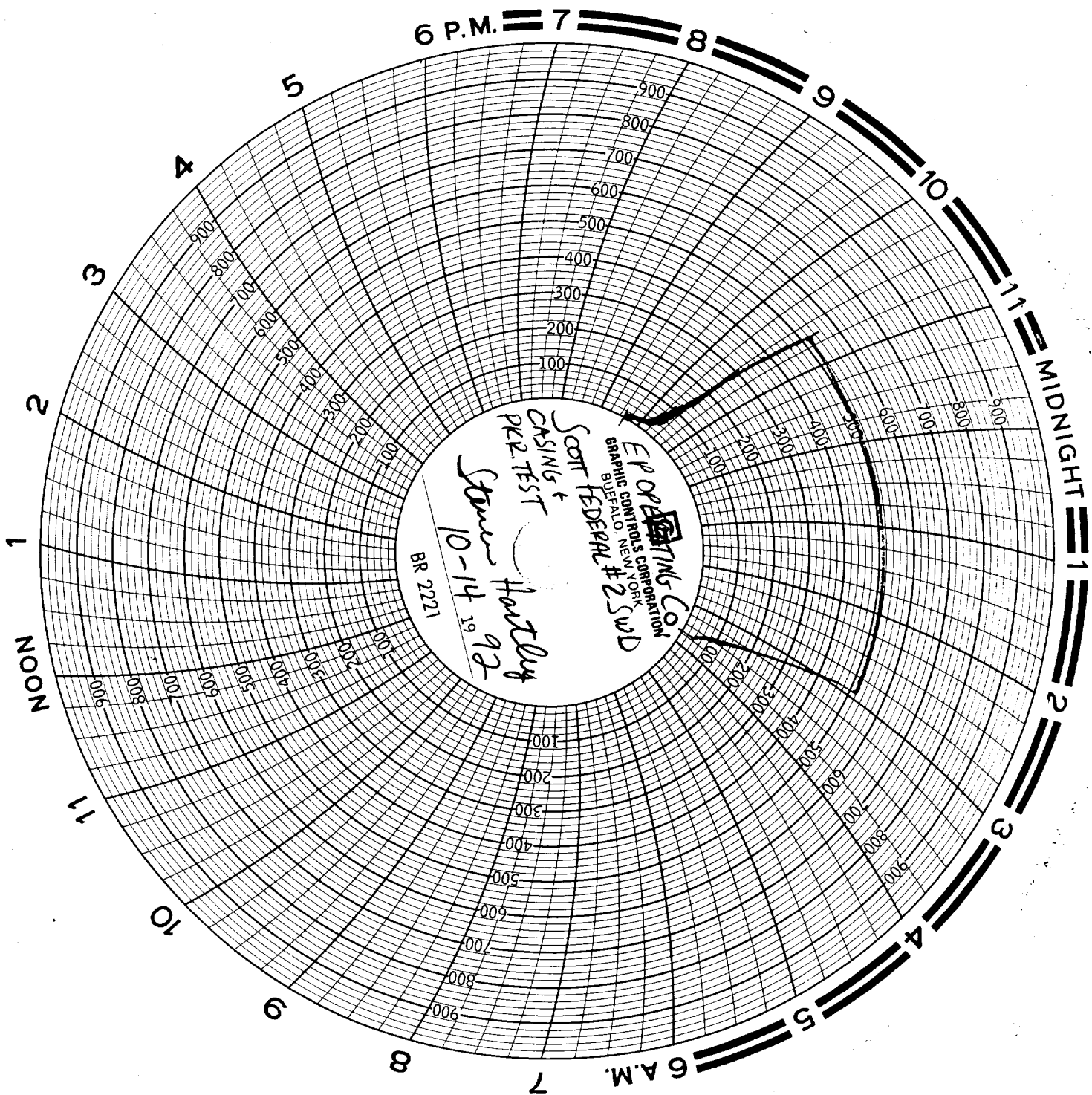
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FOR RECORD ONLY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

B.C.G.



Orig to Bonnie 10-19-42