

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. 30-025-02690
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6690-1
7. Lease Name or Unit Agreement Name Cabot "Q" State
8. Well No. 1
9. Pool name or Wildcat San Andres

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Salt Water Disposal	
2. Name of Operator J.M. Huber Corporation	
3. Address of Operator 7120 I-40 West, Suite 100 Amarillo, Texas 79106	
4. Well Location Unit Letter L : 1980 Feet From The South Line and 560 Feet From The West Line Section 7 Township 15S Range 35E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4053' KB	

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: **Scheduled MIT Pressure Test** ☒

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.

**2-22-95 Load tubing/casing annulus w/1 bbl 2% KCl water to 535 psi for 30 min, held ok.
Lyle Turnacliiff witnessed test for NMOCC.**

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

SIGNATURE Deniese Buchanan TITLE **Engineering Technician** DATE **2-23-95**

TYPE OR PRINT NAME **Deniese Buchanan**

TELEPHONE NO. **806/353-9837**

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1000 01 1995

RECEIVED
FEB 27 1985
OCD READING
OFFICE