

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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. OIL WELL ☐ GAS WELL ☐ OTHER- <u>SWD</u>	7. Unit Agreement Name
2. Name of Operator <u>H&M DISPOSAL</u>	8. Farm or Lease Name <u>MAYME GRAHAM</u>
3. Address of Operator <u>P.O. BOX 1544, Lovington, New Mexico 88260</u>	9. Well No. <u>#1</u>
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>S</u> LINE AND <u>1980</u> FEET FROM THE <u>W</u> LINE, SECTION <u>9</u> TOWNSHIP <u>15S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat <u>DEVONIAN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3909.5 DF</u>	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

5 DEC 89 Packer will be unserviced, tubing pulled and inspected. to find small tubing leak that prevented passing annual BRADENHEAD TEST. After repairs, RECONDITIONED PACKER WILL BE SET AT ORIGINAL DEPTH, ANNULUS LOADED WITH KCL WATER AND OGD NOTIFIED OF READINESS FOR BRADENHEAD TEST.

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

SIGNED Jerry Sexton TITLE OPERATOR DATE 4 DEC 89

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 05 1989

CONDITIONS OF APPROVAL, IF ANY: