

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**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.

30-025-05249

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-8944

7. Lease Name or Unit Agreement Name

MEXICO "F"

8. Well No.

4

9. Pool name or Wildcat

SWD DEVONIAN

**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 SALTWATER DISPOSAL

2. Name of Operator

Crestridge Drlg. & Prod. Co. LLC

3. Address of Operator

P.O. BOX 1114 Midland, Texas 79702

4. Well Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 2 Township 15 S Range 37 E NMPM Lea County

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

3,823' RKB

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: MECHANICAL INTEGRITY 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.

- 1) NOTIFIED OIL CONSERVATION DIVISION DISTRICT OFFICE ON 7/7/97 OF INTENT TO CONDUCT "MIT" ON THE MORNING OF 7/9/97.
- 2) RIGGED UP PATE TRUCKING AND RAN MECHANICAL INTEGRITY TEST HOLDING 320 PSI ON 5-1/2" casing ANNULUS FOR 30 MINUTES. OIL CONSERVATION DIVISION REPRESENTATIVE WAS NOT PRESENT.
- 3) SUBMITTED PRESSURE CHART OF TEST TO OCD DISTRICT OFFICE FOR APPROVAL 7/24/97.

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

SIGNATURE

TITLE MANAGER

DATE 7/24/97

TYPE OR PRINT NAME Richard A. McBride Jr.

TELEPHONE NO. 915-685-7071

(This space for State Use)

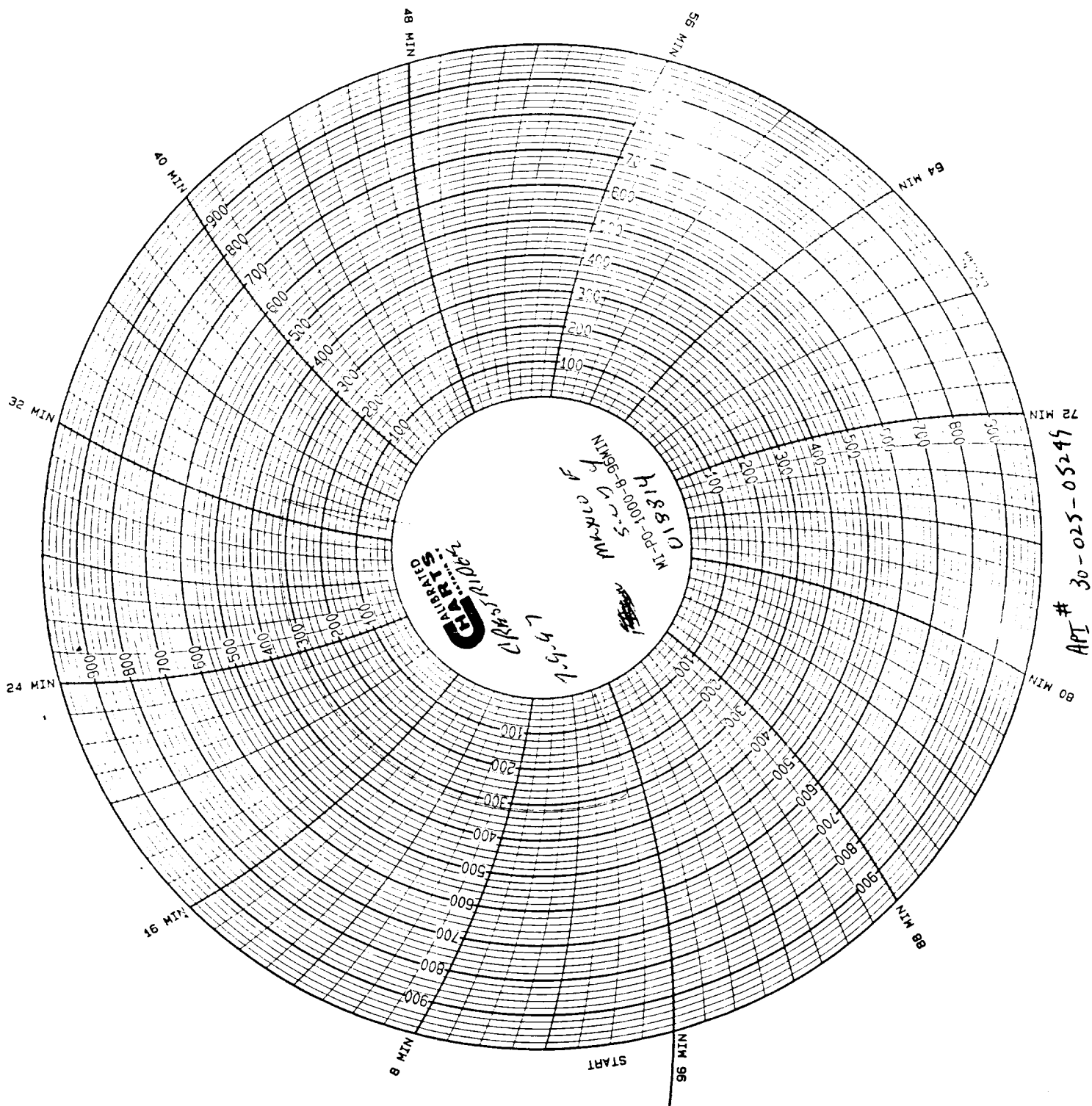
ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



API # 30-025-05245