

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

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|---|
| WELL API NO.  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>E-7564  |
| 7. Lease Name or Unit Agreement Name<br>Kemnitz Salt Water Disposal                                 |
| 8. Well No.<br>1  |
| 9. Pool name or Wildcat<br>Kemnitz Wolfcamp   |

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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Salt Water Disposal  |  |
| 2. Name of Operator<br>Tipton & Denton   |  |
| 3. Address of Operator<br>c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM   |  |
| 4. Well Location<br>Unit Letter E : 980 Feet From The North Line and 660 Feet From The West Line<br>Section 27 Township 16S Range 34E NMPM Lea County  |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)   |  |

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: ☐

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 began 10/1/91. Pulled tubing & packer; found all tubing OK, packer leaking.  
Repaired packer. Reran tubing & packer. Set packer at 8765. Loaded annulus with  
packer fluid. Tested as per OCD requirements. Test witnessed by OCD.

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

SIGNATURE Donna Heller TITLE Agent DATE 10-7-91  
TYPE OR PRINT NAME Donna Heller 505-393-2727 TELEPHONE NO.

(This space for State Use) JOHN E. PERRY SECTION  
SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

1991