

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. 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. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Salt Water Disposal

2. Name of Operator

C&C STOCKFARMS INC.

8. Well No.

3

3. Address of Operator

1801 West Ave. J, Lovington, N.M. 88260

9. Pool name or Wildcat

Lovington Wolfcamp
SWD

4. Well Location

Unit Letter M : 2160 Feet From The North South Line and 1680 660 Feet From The West Line

Section 18

Township 16S

Range 37E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3820(est.) GL

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.

We have discovered a hole in the tubing and since we are no longer
injecting production water pending negotiations with adjoining lease
holders to permit injection into the Strawn (Pennsylvania).

As the well has no pressure we propose to temporarily abandon the
well until these negotiations are complete and we can obtain approval
from the State of New Mexico to inject into the Strawn.

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

SIGNATURE

Roland E. Caudill

TITLE Vice-President

DATE 10-24-90

TYPE OR PRINT NAME

Roland E. Caudill

TELEPHONE NO. 396-4271

(This space for State Use) APPROVED BY JERRY SEXTON

DEPUTY SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: