

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes OMI
C-102 and C-103
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR NOTICES TO WELL OR TO OTHER OPERATORS TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT OR (SEE INSTRUCTIONS FOR SUCH PURPOSES.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER- Injection Lead

2. Name of Operator
Frostman Oil Corporation
Address of Operator
Drawer W, Artesia, NM 88210

3. Location of Well
UNIT LETTER C 1980 FEET FROM THE West LINE AND 660 FEET FROM
THE North LINE, SECTION 24 TOWNSHIP 18 South RANGE 32 East N.M.P.M.

15. Elevation (Show whether DF, RT, CR, etc.)

5a. Indicate Type of Lease
State ☐ Federal ☐

5. State Oil & Gas Lease No.
NM-392867

7. Unit Agreement Name

8. Form of Lease Name
Cinco de Mayo Lead

9. Well No.
1

10. Field and Pool, or Wildcat
Shinnery Queen

12. County
Lea

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER <u>Repair hole in casing</u>	

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.

Repair work for hole in casing was as follows:

1. Found hole at 365'.
2. Cemented with 250 sks with 3% cal. chlor. Circulated 20 sacks to pit.
3. Drilled cement from 190' to 365'. Tested casing to 400#. Held okay.
4. Ran tubing and Baker tension packer, displaced casing with treated fluid. Pressure tested casing to 300# with recorder. Held okay for 30 minutes. (chart enclosed).

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

Signed Lauren K. Shepard TITLE Production Clerk DATE 3/22/88

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: