

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-07927	
Indicate Type of Lease	
STATE	FEE
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name SOUTH CARTER (S/A) UNIT	
Well No. 501	
Pool name or Wildcat SOUTH CARTER (SAN ANDRES)	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator GREAT WESTERN DRILLING COMPANY	
Address of Operator P.O. BOX 1659 MIDLAND, TEXAS 79702	
Well Location Unit Letter A : 330 Feet From The NORTH Line and 330 Feet From The EAST Line 7 Section 18S Township 39E Range NMPM LEA County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3637 KB	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

### SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

7/15/97 Dug up flow line at wellhead. Repaired leak. Remediation plowed contaminated soil with cow manure.

7/25/97 Location was inspected by Chris Williams with NMOCD.

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

SIGNATURE  TITLE Production Technician

DATE 07-31-97

TYPE OR PRINT NAME Gina Howard

TELEPHONE NO. 915-682-5241

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

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

DATE AUG 06 1997

CONDITIONS OF APPROVAL, IF ANY: