

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-07934

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

016881

7. Lease Name or Unit Agreement Name

SOUTH CARTER S/A UNIT

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 ☒ INJECTION WELL

2. Name of Operator GREAT WESTERN DRILLING COMPANY

8. Well No. 303

3. Address of Operator P.O. BOX 1659 MIDLAND TX 79702

9. Pool name or Wildcat
CARTER SAN ANDRES

4. Well Location

Unit Letter D 330 feet from the N line and 990 feet from the W line

Section 8 Township 18S Range 39E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3631

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

Pulled tubing out of hole and ran new packer back into hole. Set packer, ran 30 minutes test on casing. Held, OK. Rebuilt wellhead and put into production. See attached chart.

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

SIGNATURE Gina King TITLE PRODUCTION TECHNICIAN DATE 04/05/2001

Type or print name GINA KING

Telephone No. (915)682-5241

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

