

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-30791

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

LC-063586

7. Lease Name or Unit Agreement Name:

Lusk West (Delaware) Unit

8. Well No.

111

9. Pool name or Wildcat

Lusk Delaware, West

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 **Injector**

2. Name of Operator

Prize Operating Company

3. Address of Operator

3500 William D. Tate, Suite 200, Grapevine, Texas 76051

4. Well Location

Unit Letter **K** : **1650** feet from the **west** line and **2310** feet from the **south** line

Section **21** Township **19S** Range **32E** NMPM County **Lea**

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Had hole in tubing. Pulled tubing and packer. Made repairs and ran back in hole to original setting. Ran pressure test on casing to 510 psi for 30 min. Casing held pressure.

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

SIGNATURE Randy W. Ray TITLE Sr Operations Engineer DATE 8-25-99

Type or print name Randy Ray Telephone No. 817-416-4206

(This space for State use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 15 1999

Conditions of approval, if any:

