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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal		7. Unit Agreement Name Abo SWD
2. Name of Operator Rice Engineering & Operating, Inc.		8. Farm or Lease Name Abo SWD
3. Address of Operator P. O. Box 1142, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER C , 2310 FEET FROM THE west LINE AND 990 FEET FROM THE north LINE, SECTION 2 TOWNSHIP 17S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Lovington Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3842' G.L.		12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER **Deepening for SWD** ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

1. Deepened well w/4-3/4" bit from 8534' to 8858' (5-11-74).
2. Acidized open hole section from 8534' to 8858' w/3000 gals. of 30% reg. Hcl acid (5-15-74).
3. Took maximum gravity injection test down 5 1/2" OD casing at rate of 600 BWPH (5-26-74).

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

SIGNED *[Signature]* TITLE Division Manager DATE May 29, 1974

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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