

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Mattie Price
8. Well No. 6
9. Pool name or Wildcat West Garrett (Devonian)

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 Saltwater Disposal

2. Name of Operator  
Osborn Heirs Company

3. Address of Operator  
P. O. Box 17968, San Antonio, Texas 78286

4. Well Location  
Unit Letter G : 1820 Feet From The North Line and 2310 Feet From The East Line

Section 6 Township 17S Range 38E NMMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3729 Gr

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Bradenhead Test <input checked="" type="checkbox"/>

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.

OCD scheduled bradenhead test was conducted December 27, 1990.  
Tubing/casing annulus was tested against packer to 320 psig for  
15 minutes.  
OCD field inspector delivered pressure recorded chart to district office.

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

SIGNATURE Gary D. Cunningham TITLE Engineer DATE 12.27.90

TYPE OR PRINT NAME Gary Cunningham TELEPHONE NO. (512) 826-0700

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 02 1991

CONDITIONS OF APPROVAL, IF ANY: