

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 ☐

FEE ☒

6. 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. Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER Salt Water Disposal

2. Name of Operator

Osborn Heirs Company

3. Address of Operator

P. O. Box 17968, San Antonio, Texas 78286

7. Lease Name or Unit Agreement Name

Mattie Price

8. Well No.

6

9. Pool name or Wildcat

West Garrett (Devonian)

4. Well Location

Unit Letter G : 1820 Feet From The North Line and 2310 Feet From The East Line
6 17S 38E
Section Township Range NMPM County

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

3729.3 G1

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Mechanical Integrity Test ☒

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 on November 20, 1989.
Tubing/casing annulus was tested to 320 psig. Test was witnessed
by OCD field inspector, Ray Smith.

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

SIGNATURE

Gary D. Cunningham

TITLE

Engineering Tech

DATE

12.5.89

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

CONDITIONS OF APPROVAL, IF ANY:

DEC 08 1989