

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☒ For ☐

5. State Oil & Gas Lease No.
E- 8712

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-171) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator CASA PETROLEUM, INC.	8. Farm or Lease Name CASA STATE
3. Address of Operator 105 N. SIXTH ST. ARTESIA, N.M. 86210	9. Well No. 2
4. Location of Well UNIT LETTER I 1030 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 17S RANGE 34E N.M.P.M.	10. Field and Pool, or Well Unit VACUUM, GE, SA
11. Elevation (Show whether DF, RT, GR, etc.) 4030.0 GR	12. County LEA

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 JOBS ☐

OTHER ☐

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.

7/12/84- RIG UP PULLING UNIT, PULL PUMP, PICK UP TUBING TO PULL B/P
7/13/84- RIG UP REVERSE UNIT TO JAR ON B/P, UNABLE TO GET LOOSE
7/16/84- RIG UP WIRE LINE TO CUT TUBING, TRIP OUT, PICK UP MILL BIT AND COLLARS
7/17/84- DRILL ON B/P TRIP OUT, PICK UP FISH TOOL, TRIP IN CHECK B/P AND TRIP OUT LAY DOWN TOOL AND B/P
7/18/84- HANG BACK ON.

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

SIGNED Jerry Sexton TITLE Secretary DATE 7/18/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 18 1984

19. _____ ON OF APPROVAL, IF ANY: