Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-26307

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Brine Water

2. Name of Operator: Salty Dog Inc.

8. Well No. Brine Well Supply #1

3. Address of Operator: P.O. Box 513

9. Pool name or Wildcat: BSW; Salado

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 5 Township 19S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3806.0 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

8/4/99 1. Rig up Pulling Unit
2. Install B.O.P. - Tally Tubing Out of Hole
3. Run Scraper to Bottom of Surface Casing at 1877' and P.O.H.
4. Tally Pipe in hole with Packer and set at 1870'
5. Test Casing to 500 psi and run chart for State
8/5/99 6. P.O.H. with Packer and install 6 1/4" Bit; Tally in hole drill down to 2887' with Reverse Unit.
8/8/99 7. Rig Down Pulling Unit - Operations Complete

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

SIGNATURE Terry Wallace TITLE Manager DATE 8-4-99

TYPE OR PRINT NAME Terry Wallace TELEPHONE NO. 505-393-8352

(This space for State Use) ORIGINAL SIGNED BY GARY WINK FIELD REP. II

APPROVED BY _____ TITLE _____ DATE 8-6-99

CONDITIONS OF APPROVAL, IF ANY: