

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.

~~Not available~~ 30-025-28277

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 ☐ Injection Well

2. Name of Operator

Clayton W. Williams, Jr., Inc.

3. Address of Operator

#6 Desta Dr., Suite 3000 Midland, Texas 79705

4. Well Location

Unit Letter E : 2570 Feet From The North Line and 70 Feet From The West Line

Section 9 Township 22S Range 36E NMPM Lea County

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

GR - 3585'

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: ☐

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.

Estimated Start Date 12/23/91

- 1) Load tbg/csg annulus w/field salt water (Packer @ 3714')
- 2) Pressure test csg to 500 psi for 30 minutes. Record test on chart for OCD subsequent report.
- 3) Temporarily abandon well for future use.

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

SIGNATURE

David G. Grafe

TITLE

Petroleum Engineer

DATE 12/19/91

TYPE OR PRINT NAME

David G. Grafe

TELEPHONE NO 915-682-623

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

THIS FORM IS TO BE FILED IN THE
24 HOURS AFTER THE DATE OF
COMPLETION OF THE WORK