Subrat 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 | OX 1980, Hobbs, NM 88240 P 0. Box 2088 UCT II | | WELL API NO. 3002506471 | |
|--|--|-----------------------|---|-------------|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | | | 5. Indicate Type of Lease | \neg |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE X FEE 6. State Oil & Gas Lease No. | \dashv |
| (DO NOT USE THIS FORM FOR PR | FICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN OF RVOIR. USE 'APPLICATION FOR PERM C-101) FOR SUCH PROPOSALS.) | R PLUG BACK TO A | 7. Lease Name or Unit Agreement Name NEW MEXICO V STATE | |
| 1. Type of Well: OIL GAS WELL WELL | XOTHER SALT WAT | ER DISPOSAL | a W B N | _ |
| 2. Name of Operator | RPORATION | | 8. Well No. | |
| | SULATORY AFFAIRS ML#. K_1600 | 96110 | 9. Pool name or Wildcat SWD: PENROSE SKELLY: GRAYBURG San Ar | <u> </u> |
| 4. Well Location Unit Letter K : 1980 Feet | From The SOUTH Line and | 1980 Feet I | From The WEST I | Line |
| Section 10 To | wnship 21S Range 3 | 7E NMI | PM LEA County | |
| | 10. Elevation (Show whether D. 3466' DF | F, KKB, KI, GR, etc.) | | |
| Check A | opropriate Box to Indicate Na | ature of Notice, | Report, or Other Data | - |
| | NTENTION TO: | SUB | SEQUENT REPORT OF: | |
| | PLUG AND ABANDON | REMEDIAL WORK | | |
| PERFORM REMEDIAL WORK L | CHANGE PLANS | COMMENCE DRII | PLUG & | |
| PULL OR ALTER CASING |] | CASING TEST AN | D CEMENT JOB | |
| OTHER: | | OTHER:INJ PA | ACKER MIT TEST | X |
| | tions (Clearly state all pertinent details, and g | | | |
| work) SEE RULE 1103. 10/2/96 500# INJ ATTACHED . | ECTION PACKER INTEGR | ITY TEST FO | R SUBJECT WELL (CHART IS | |
| 1 hereby certify that the information above is t | Me and complete to the best of my knowledge and b | | Assistant DATE 11/05/96 | |
| TYPE OR PRINT NAME Karen | arbrough | (9 | 15) 688-7871 TELEPHONE NO. | |
| (This space for State Use) | | | NOV 07 199 | · |
| ORGANIA APPROVED BY | 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | DATE | |
| CONDITIONS OF APPROVAL, IF ANY: | | | | |

