

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. 30-025-0907600
5. Indicate Type of Lease <u>Fee</u> STATE ☐ FEE ☐
6. State Oil & Gas Lease No. LC-030133B
7. Lease Name or Unit Agreement Name South Eanice Unit #2
8. Well No. #37
9. Pool name or Wildcat Eanice 7 River Queen So.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <u>Injection</u>
2. Name of Operator Corroco Inc.
3. Address of Operator P.O. Box 460 - Hobbs, NM 88240
4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>Lea</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: <u>Install Liner</u> ☒	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.

We propose to run a 3 1/2" fiberglass liner, 9 ft, from 3390' to 3670'. Pump 250 SX Class "C" cement into this zone. WOC 24 hrs D.O. to $\pm$ 3670'. Pressure test to 1000 psi, 15 min. D.O. to 3780'. Run prod. equip. & return to

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

SIGNATURE W.W. Baker TITLE Area Supervisor DATE Oct 17 1989

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 23 1989