

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  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30 025 10481
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 WIW

2. Name of Operator  
Anadarko Petroleum Corp.

3. Address of Operator  
P.O. Box 2497, Midland, TX 79702

4. Well Location  
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line  
Section 27 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3336' DF

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.

An integrity test was performed on this well. As the attached chart indicates, the casing was pressured to 370 psi for 20 mins. There was no drop in pressure. This test was witnessed by Charles Perrin of the NMOCD, Hobbs Dist.

The new packer is set @ 3230' with approval by Jerry Sexton, NMOCD Dist. 1 supervisor.

Injection will resume as of 12/1/96.

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

SIGNATURE

TITLE

Engineer

DATE

12/13/96

TYPE OR PRINT NAME

Clay M. Gaspar

TELEPHONE NO. 915/683-0534

(This space for State Use)

ORIGINAL SIGNATURE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY





