

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.

30-025-25518

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2274

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

2. Name of Operator

C. W. Trainer

3. Address of Operator

P.O. Box 755, Hobbs, NM 88241

8. Well No.

1

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 16

Township 23S

Range 33E

NMPM

Lea

County

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

3697 GR

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: Daily operations report ☐

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.

5/24/92 to 6/10/92 Shut in

6/11/92 Move in & rig up reverse unit. Nipple up BOP.

6/12/92 Ran 6 5/8" bit, tag top cement at 874. Drill hard cement to 991. Fall free & go in hole to 1050, circulate hole clean. Pressure test casing splice to 2000# for 30 minutes, test O.K. Pull bit & ran 2 7/8" tubing to 11,605. Nipple down BOP & flange up well head. Shut well in & release unit.

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

SIGNATURE Donna Holler TITLE Agent DATE 6/22/92

TYPE OR PRINT NAME Donna Holler TELEPHONE NO. 505-393-2727

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: