

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
30-025-08275

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
LC-069515

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.)

7. Lease Name or Unit Agreement Name

NORTH EL MAR UNIT

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator
QUAY VALLEY, INC.

8. Well No.
24

3. Address of Operator
P. O. BOX 10280, MIDLAND, TEXAS 79762-7280

9. Pool name or Wildcat
EL MAR; DELAWARE

4. Well Location
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 25 Township 26-S Range 32-E NMPM LEA County

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

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: REACTIVATE AN INJECTION WELL ☒

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.

QUAY'S PROPOSED OPERATIONS TO REACTIVATE THIS WELL WILL BE TO:

1. DRILL THROUGH THE CIBP AT 4,550'.
2. CLEAN OUT PERFS AT 4,603'-13' AND 4,620'-32' DOWN TO TD AT 4,644'.
3. RUN PACKER AND TUBING AND SET UP FOR WATER INJECTION.

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

SIGNATURE Raymond D. Sharp TITLE PRESIDENT DATE 08/10/2000

TYPE OR PRINT NAME RAYMOND D. SHARP TELEPHONE NO. 915/687-4220

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4116 2000
Received
Hobbs
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