

Submit 3 Copies To Appropriate District Office

District I  
1625 N. French Dr., Hobbs, NM 87240

District II  
811 South First, Artesia, NM 87210

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-08309

5. Indicate Type of Lease *Federal*  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
NORTH EL MAR UNIT

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 INJECTION

2. Name of Operator  
QUAY VALLEY, INC.

8. Well No. 48

3. Address of Operator  
P. O. BOX 10280 MIDLAND TX 79702-5026

9. Pool name or Wildcat  
EL MAR; DELAWARE

4. Well Location

Unit Letter D . 660 feet from the NORTH line and 660 feet from the WEST line

Section 35 Township 26S Range 32E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3106' 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 ☐ MULTIPLE COMPLETION ☐

OTHER: SEE BELOW ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ☐

CASING TEST AND CEMENT JOBS ☐ ABANDONMENT

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

PROPOSED OPERATIONS:

1. RIG UP UNIT.

2. RESET CIBP IN WELL BORE.

3. RUN MECHANICAL INTEGRITY TEST ON CASING.

THIS WORK IS SCHEDULED TO BE DONE IMMEDIATELY.

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

SIGNATURE [Signature] TITLE PRESIDENT DATE 08/24/2001

Type or print name STELLA SWANSON, CPL

Telephone No. (915)687-4220

(This space for State use)

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

Conditions of approval, if any: