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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal	7. Unit Agreement Name
2. Name of Operator Harris & Walton	8. Farm or Lease Name H. Whitten
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	9. Well No. 1
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 24S RANGE 36E NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3422 GR	12. County Lea

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 ☐

17. 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.

Work began 9/28/87. Pulled 2 7/8" tubing and Baker tension packer. Reran 2 7/8" tubing with new Baker 7" x 2 7/8" nickel coated compression packer. Set packer at 3206. Loaded annulus with water, pressure tested to 320# for 20 minutes. Test O.K. Resumed disposal on vacuum 9/28/87. Work witnessed by R. A. Sadler with OCD.

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

SIGNED William Whitten TITLE Agent DATE 10-8-87

Orig. Signed by  
Paul Kautz  
Geologist

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

CONDITIONS OF APPROVAL, IF ANY: