Submit 3 Copies

State of New Mexico , Minerals and Natural Resources Departmen

Form C-103

Revised 1-1-89

to ppropriete

District Office

OIL CONSERVATION DIVISION

DIS	TRICT	I

JISTRICT I		_		_			
O Box 1980, Hobbs, NM 8	8241-1980		2040 Pacheco	St.		WELL API NO.	ļ
DISTRICT II			Santa Fe, NM 87	7505		30-025-24432	
PO Drawer DD, Artesia, NA	4.88210					5. Indicate Type of Lease	_
DISTRICT III						STATE X FEE	E 🗍
	ND 4 97410					6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd., Azteo	, NM 8/410					K-3018	
	CIDIDDY NO	TICES AND D	EDODTS ON WEI	IS			
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						7. Lease Name of Only Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"							
FORM C-101) FOR SUCH PROPOSALS.)					Ingram "O" State		
1. Type of Well:							
OIL		GAS					ļ
WELL		WELL	OTHE	R	SWD		
2. Name of Operator						8. Well No.	
· 	Primal Energy Corporation	n					
3. Address of Operator						9. Pool name or Wildcat	
•	, Suite 227, Houston, TX	77073					
4. Well Location	-						
Unit Letter	E : 1980	Feet From TheN	orth Line and	_660	Feet From TheW	estLine	
-							
Section	7	Township	24S Range	33E	NMPM	Lea C	ounty
		10 Elevation (S	how whether DF, RKB, RT,	GR, etc.)	<del></del>		

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG & ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON

CASING TEST & CEMENT JOB

OTHER: Repair tubing leak

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.

3563'GR

- 1. Removed wellhead. Found leak in 4 1/2" casing in wellhead. Repaired same.
- 2. Tested casing integrity to 500#.
- 3. Chart of test was delivered to Charlie Perrin in Hobbs.
- 4. Work performed on 7/6/98.

		·
I hereby certify that the information above is true and compl	ete to the yest of my knowledge and belief.	
SIGNATURE JULI	TITLE Manager, Operations & Engineering	DATE 8/31/98
TYPE OR PRINT NAME John Abernet	y V	TELEPHONE NO. 281-821-5600

(This space for State Use)

PULL OR ALTER CASING

ORIGINAL SIGNED BY

APPROVED BY

CONDITIONS OF APPROVAL. IF ANY:

TITLE\_

DATE SEP 1 5 1998

FIELD REP. L

