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. 30-025-27[illegible]

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name: LEA

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

2. Name of Operator: Chaparral Serv. Inc.

8. Well No. #1

3. Address of Operator: Box 1769

9. Pool name or Wildcat

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1650 Feet From The EAST Line

Section 17 Township 13 S Range 37 E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3327

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☒		
OTHER:	☐			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.

1. Found hole in old perf @ 2000' to 3247'
2. Halliburton Cemented w/ 300 sacks NE C.C.
3. Drilled Out-
4. Pressure Tested to 320# for 30 min - good
5. OCD - Buddy Hill witness Test - (took chart)
6. Injecting water back into formation

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

SIGNATURE Paul Prather TITLE Partner DATE 12-10-99

TYPE OR PRINT NAME PAUL PRATHER TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

S C C

✓