Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 3002509753

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: W. F. HANAGAN

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

2. Name of Operator: ARCO OIL AND GAS COMPANY

8. Well No. 4

3. Address of Operator: BOX 1710, HOBBS, NEW MEXICO 88240

9. Pool name or Wildcat: JALMAT TANSILL YATES SR

4. Well Location
Unit Letter K : 2173 Feet From The SOUTH Line and 2173 Feet From The WEST Line
Section 12 Township 25S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3179' GL

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: CASING INTEGRITY TEST ☒ | |

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.

1-9-90 RU. Roland Trucking and load csg w/20 BBLS 8.6 brine w/C-193. Pressure csg to 360# and record on chart attached. No leak detected.

Witnessed by Ray Sadler, NMOCD

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

SIGNATURE [signature] TITLE Administrative Supervisor DATE 1-15-90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 17 1990

CONDITIONS OF APPROVAL, IF ANY:

B