

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1/1/89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-21085

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

Black

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER **Water Injector**

8. Well No.

5

2. Name of Operator
Citation Oil & Gas Corp.

3. Address of Operator
8223 Willow Place South, Suite 250, Houston, Texas 77070-5623

9. Pool name or Wildcat

Langlie Mattix Seven Rivers Queen

4. Well Location
Unit Letter **N** : **1300'** Feet From The **North** Line and **1340** Feet From The **West** Line
Section **21** Township **24 S** Range **37 E** NMPM **Lea** County

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

3230' GR

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Change of Status** ☒

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.

This well was reactivated as a water injection well in 1992. Citation has reported the monthly injection volumes on the C-115 each month since injection was resumed 09/93. Status should be change to active injector effective 09/93.

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

SIGNATURE Debra Harris TITLE **Regulatory Analyst** DATE **5/22/97**
TYPE OR PRINT NAME **Debra Harris** TELEPHONE NO. **(281) 469-9664**

(This space for State Use)

APPROVED BY State Seal TITLE DATE **MAY 04 1997**

CONDITIONS OF APPROVAL, IF ANY: