| Medical Process   Medical Pr   | Submit 3 Copies To Appropriate District<br>Office<br>District 1  | State of New Mexic<br>Energy, Minerals and Natural |                          | Form C-103<br>Revised March 25, 1999 |  |
|--|--|--|--------------------------|--------------------------------------|--|
| ### Oil Conservation Division    Oil Conservation Division   Division  |  |  | WELL API                 | NO.                                  |  |
| Diddict   Specific     | DISTRICT II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION   |  | IVISION $\frac{30-0}{1}$ | 30-025-23869                         |  |
| Debait   Procession   Commence    | District III   | 1220 South St. Franci                              | IS DL.                   | l                                    |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  OFFICIAL STATES AND REPORTS ON WELLS  OFFICIAL STATES AND REPORTS OF REMORAL TO A DEPENDR PLUG BACK TO A DEPENDENT PLUG BACK TO A DEPENDENT PLUG BACK TO A DEPENDR PLUG BACK TO A DEPENDENT PLUG BACK TO A DEPENDENT PLUG BACK TO A DEPENDENT  | District IV Santa Fe, NM 87504   |  | 4                        |                                      |  |
| CONDITUSE THIS FORM FOR PROPOSALS TO DEBLE OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PREMIT" FORM CHAIN FOR SEALS"   I Type Well:   | 1220 S. St. Francis Dr., Santa Fe, NM 87504  |  | o. State Oil             | a Gas Lease No.                      |  |
| Limbor   Gas Well   Other Water Injection   Limbor   Cas Well   Other Water Injection   S. Well No. 71   | (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT  | S TO DRILL OR TO DEEPEN OR PLUGS                   | BACK TO A<br>SUCH        |                                      |  |
| RENSON OPERATING COMPANY INC.   9. Pool name or Wildcat   1. ANGLIE MATTIX (SROBG)   | 1. Type of Well:   |  |                          | E JAL UNIT                           |  |
| 4. Well Location  Unit Letter D : 660 feet from the NOTTH line and 510 feet from the West line Section 8 Township 25S Range 37E NMPM LEA County NM 10. Elevation (Show whether DR, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSECUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND CASING TEST AND CASING TEST AND CEMENT JOB OTHER: Reactivate XEMENT JOB OTHER: Reactivate ABANDON SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420 ft, held okay. Chart Attached. OCD notified but not available to witness.  1hereby certify that the information bove is true and complete to the best of my knowledge and belief.  SIGNATURE DATE THE ENGINEER DATE T-8-02  Type or print name M. A. SIRGO, III Telephone No. 915/685.0878  Chart Paperovel BY CRESTELLE CLEARY DATE TO CRESTELLE CLEARY DATE TO CRESTELLE CLEARY DATE TO CRESTELLE CLEARY DATE TO CASH THE COUNTY DATE.  | KENSON OPERATING (   | COMPANY INC.                                       | 8. Weli No.              | 8. Well No. 71                       |  |
| Unit Letter D : 660 feet from the north line and 510 feet from the west line  Section 8 Township 25S Range 37E NMPM LEA County NM  10. Elevation (Show whether DR, RKE, RT, GR, etc.)  3179 ' GR  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ARANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ARANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ARANDONMENT CEMENT JOB  OTHER: CASING MULTIPLE CAMPLETION CEMENT JOB  OTHER: Reactivate XAPANDONMENT  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of stating any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer 3230'. Tested and charted backside to 420#, held okey. Chart Attached. OCD notified but not available to witness.  Thereby certify that the information bove is rule and complete to the best of my knowledge and belief.  SIGNATURE DATE 7-8-02  Type or print name M. A. SIRGO, III Telephone No9 15/685.0878  Thereby certify that the information bove is rule and complete to the best of my knowledge and belief.  SIGNATURE DATE 7-8-02  Type or print name M. A. SIRGO, III Telephone No9 15/685.0878  APPPROVED BY OPPEROVED BY DATE 120  Conditions of approvel, if any:  | P O BOX 3531, MIDI   | AND TX 79702                                       |                          |                                      |  |
| Section 8 Township 25S Range 37E NMFM LEA County NM  10. Elevation (Show whether DR, RKB, RT, CR, etc.)  3179' GR  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB  OTHER: Reactivate STAND CHANGE PLANS OTHER: Reactivate STAND CHANGE PLANS OTHER: Reactivate STAND CHANGE OF STAND CHANGE PLANS OTHER: Reactivate STAND CHANGE S | 4. Well Location   |  |                          |                                      |  |
| 10. Elevation (Show whether DR, RKE, RT, GR, etc.)  31.79 ' GR  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   SUBSEQUENT REPORT OF: REMEDIAL WORK   ALTERING CASING   PULL OR ALTER CASING   MULTIPLE   CASING TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PLUG AND ABANDONMENT   PULL OR ALTER CASING   MULTIPLE   CASING TEST AND   CEMENT JOB   OTHER:   OTHER: Reactivate   X  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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02   Well was reactivated on previous Sundry submitted 6-12-02.   Went back into well on 6-28-02 and cleaned out fill over perfs.   Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD   notified but not available to witness.  1 hereby certify that he information have is the and complete to the best of my knowledge and belief.  SIGNATURE   | Unit Letter D: 660 feet from the north line and 510 feet from the west line  |  |                          |                                      |  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)  31.79 ' GR  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF (INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON SUBSEQUENT REPORT OF:  REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS PLUG AND ABANDONMENT ABANDON CHANGE PLANS COMMENT ABANDONMENT CASING TEST AND CEMENT JOB  OTHER: Reactivate STAND CHANGE STAND CEMENT JOB  OTHER: Reactivate STAND CEMENT JOB  ABANDONMENT CEMENT JOB  ABANDON C | Section 8  | Township 25S Range                                 | 37E NMPM LI              | EA County NM                         |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON CHANGE PLUS AND ABANDON CHANGE PLUS AND ABANDON CHANGE PLUS AND ABANDON CHANGE PLUS AND ABANDONMENT COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLUS AND CHANGE PRICE OTHER:  OTHER: Reactivate  CASING TEST AND CHANGE PLUS ABANDONMENT CHANGE PLUS AND ABANDONMENT CHANGE PLUS AND CHANGE PRICLING OPNS. OTHER: Reactivate  Thereby certife proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  Thereby certify that the information bove is true and complete to the best of my knowledge and belief.  SIGNATURE  Type or print name M. A. SIRGO, III  Telephone No. 9 15/685.0878  Thereby certify that the information bove is true and complete to the best of my knowledge and belief.  Type or print name M. A. SIRGO, III  Telephone No. 9 15/685.0878  Type or print name M. A. SIRGO, III  Telephone No. 9 15/685.0878  OPIGENALE: Chieffy M. DATE DATE  TO D | 1  |  | KB, RT, GR, etc.)        |                                      |  |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB  OTHER: OTHER Reactivate  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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  1 hereby certify that the information bove is true and complete to the best of my knowledge and belief.  SIGNATURE  Type or print name M. A. SIRGO, III Telephone No. 915/685.0878  (This space for State usc)  APPPROVED BY OPIGNEMIE CHIEFLY DATE DATE T-8-02  Todditions of approval, if any:   | 3179' GR   |  |                          |                                      |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABANDONMENT CASING MULTIPLE COMPLETION CEMENT JOB  OTHER: Reactivate X  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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  1 hereby certify that the information bove is rucand complete to the best of my knowledge and belief.  SIGNATURE DATE DATE T-8-02  Type or print name M. A. SIRGO, III Telephone No9 15/685.0878  (This space for State use)  APPPROVED BY ORIGINALE COMMENCE DRILLING OPNS DATE DATE TO A DATE TO  | 11. Check App  | ropriate Box to Indicate Natur                     |                          |                                      |  |
| PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB  OTHER: Reactivate X  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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  Thereby certify that the information bove is true and complete to the best of my knowledge and belief.  SIGNATURE Type or print name M. A. SIRGO, III Telephone No915/685.0878  (This space for State use)  APPPROVED BY ORIGINALE COLUMN DATE TO ALL 1200.  ORIGINALE OF THE COMPLET DATE DATE TO ALL 1200.  |  |  |                          | _                                    |  |
| OTHER:    CASING TEST AND CEMENT JOB   |  |  |                          |                                      |  |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02. Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  1 hereby certify that the information bove is rule and complete to the best of my knowledge and belief.  SIGNATURE  |  |  |                          | ABANDONMENT                          |  |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  6-28-02 Well was reactivated on previous Sundry submitted 6-12-02.  Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  I hereby certify that the information bove is true and complete to the best of my knowledge and belief.  SIGNATURE  Type or print name M. A. SIRGO, III Telephone No. 9 15/685.0878  (This space for State use)  APPPROVED BY ORIGINALE CHIRCLE DATE DATE 1200  Conditions of approval, if any:  | OTHER:   | ☐ O1   | THER: Reactivate         | [X]                                  |  |
| Went back into well on 6-28-02 and cleaned out fill over perfs.  Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD notified but not available to witness.  Thereby certify that he information bove is rue and complete to the best of my knowledge and belief.  SIGNATURE ENGINEER DATE 7-8-02  Type or print name M. A. SIRGO, III Telephone No915/685.0878  (This space for State use)  APPPROVED BY ORIGINATION DATE 1200  Conditions of approval, if any:  | of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion  |  |                          |                                      |  |
| SIGNATURE DATE 7-8-02  Type or print name M. A. SIRGO, III Telephone No9 15/685.0878  (This space for State use)  APPPROVED BY ORIGINALE CHECK DATE DATE DATE  Conditions of approval, if any:   | Went back into well on 6-28-02 and cleaned out fill over perfs. Circulated packer fluid, set packer @ 3230'. Tested and charted backside to 420#, held okay. Chart Attached. OCD |  |                          |                                      |  |
| (This space for State use)  APPPROVED BY ORIGINALESCENCE DATE DATE  Conditions of approval, if any:  | SIGNATURE  | Jugo Fine  | ENGINEER                 |                                      |  |
| Conditions of approval, it any:  |  | · · · · · · · · · · · · · · · · · · ·              |                          |                                      |  |
| Conditions of approval, it any:  |  | ORIGI <b>TIALE</b> (C)                             | io ty                    | DATE JUL 1 1 200                     |  |
|  | Conditions of approval, if any:  | C-   |                          |                                      |  |

17.