

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

WELL API NO. 30-025-26490

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.)

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

2. Name of Operator
Lanexco, Inc.

7. Lease Name or Unit Agreement Name

Harrison "A"

8. Well No. 2

3. Address of Operator
P.O. Box 1206 Jal, NM 88252

9. Pool name or Wildcat
Langlie Mattix

4. Well Location
Unit Letter F : 2310 Feet From The N Line and 1650 Feet From The W Line
Section 29 Township 24-S Range 37-E NMPM Lease County

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

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: Fishing tubing and packer ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Well presently shut in, pending fishing parted tubing.
Rig up pulling unit.
Tubing parted 10 joints down.
Fish tubing and retrieve packer.
Clean out any fill above perforations.
Run new packer and new plastic coated tubing.
Circulate the hole with packer fluid and set packer.
Pressure test the annulus as per NMOCD.
Will notify NMOCD before work begins and for test.

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

SIGNATURE Mike Copeland TITLE Production Supt. DATE 3-22-91
TYPE OR PRINT NAME Mike Copeland TELEPHONE NO. 395-3056

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: