

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-26676

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

West Jal Disposal

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:

Oil Well ☐ Gas Well ☐ Other SWD

2. Name of Operator Chance Properties Co.

3. Address of Operator Box 1221 Kermit, Texas 79745

4. Well Location

Unit Letter G : 1980 feet from the North line and 1980 feet from the East lineSection 10 Township 25 S Range 36 E NMPM County Lea

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☒ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The West Jal SWD was shut in due to mechanical problems.

We now plan to perform work as listed.

1) Rig up, pull tubing and packer.

2) Test casing, repair as needed or required.

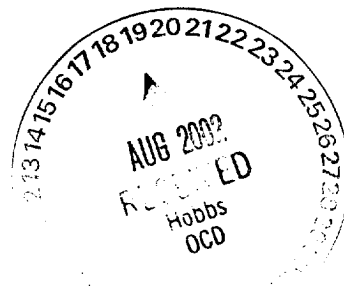
3) Run bridge plug and temporarily abandon.

4) Pressure test and record with chart.

5) Notify NMOCD before starting work and before testing.

6) Will start work upon approval.

SET WITHIN 100' OF TOP PERF.



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

SIGNATURE Eddie W. Seay TITLE Agent DATE 8/19/02Type or print name Eddie W. Seay Telephone No. 392-2236

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINKTITLE
OCD FIELD REPRESENTATIVE II/STAFF MANAGERDATE AUG 22 2002