

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. <u>30-025-31279</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. <u>M-14474</u>

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 <u>BRINE Well</u>	7. Lease Name or Unit Agreement Name <u>ARNOTT Ramsey State</u>
2. Name of Operator <u>P+S BRINE Sales</u>	8. Well No. <u>6</u>
3. Address of Operator <u>Box 1769 Eunice, N.M.</u>	9. Pool name or Wildcat <u>SAIT Section</u>
4. Well Location Unit Letter <u>D</u> : <u>581</u> Feet From The <u>South</u> Line and <u>93</u> Feet From The <u>EAST</u> Line Section <u>16</u> Township <u>25</u> Range <u>37</u> NMPM <u>Lea</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

1. Rigged up Pool-
2. Test CASING to 550 #
3. RAN 1000' 2 3/8 Tubing
4. Pumped 30 sack cement
5. Circ. cement to surface
6. Packed Tubing.
7. filled top of casing w/ cement
8. Installed Tty hole marker -
9. Cut off Dead Men-
10. Cleaned Location 6/8/98

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

SIGNATURE Paul Prather TITLE Prather DATE 6-8-98
TYPE OR PRINT NAME Paul Prather TELEPHONE NO. 394-2545

(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: