State of New Mexico als and Natural Resources Department

Form C-103

Revised	1-1

District Office	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	
DISTRICT II Santa Fe Trail, Room 206	WELL API NO.
30, 100, 100, 100, 100, 100, 100, 100, 1	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	Langlie Federal
OIL GAS WELL OTHER .	
2. Name of Operator Brine Well	Brine Well
William H. Brininstool dba Salado Brine Well 3. Address of Operator	1
P. O. Drawer A Jal NM 88252	9. Pool name or Wildcat
4. Well Location	
Unit Letter P: 115.3 Feet From The South Line and 728.	3 Feet From The East Line
Section 14 Township 25S Range 37E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County
11. Check Appropriate Pow to Indicate Name CAL it. 7	
MOTION OF INTERPREDICTION TO INCICATE Nature of Notice, Re	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND CEN	
NTUEO.	_
OTHER:	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. 	ding estimated date of starting any proposed
3-15 05 Dan El inst	
3-15-95 Ran 5½ inch cast Iron Bridge Plug on w	ireline, set at 900 feet
from surface. Ran 2 7/8 inch tubing in hole at inches. Pump cement, circulate to surface. Property of the surface of the surfa	
pumped cement down casing fill to surface pro-	ull tubing out of hole,
top of casing. Cleaned location.	des dry hore marker in
I hereby confry that the information above is true and complete to the best of my providing and belief.	
(This test of Programs that	
	DATE 3-23-95
TYPEOR PRINT NAME Christine Brininstool	TELEPHONE NO. 505 - 395 - 2010
(This space for State Use)	
APPROVED BY Charleterry Charleterry	KOPKOTOR
CONDITIONS OF APPROVAL IF ANY	DATE CE OF STATE

PECEIVED