

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-11099
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	LANGLIE MATTIX
8. Well No.	3
9. Pool name or Wildcat	Langlie Mattix 7 Rivers Queen GB

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	
2. Name of Operator Intrepid Operating <u>Ralph C Bruton</u>	
3. Address of Operator 3500 Acoma HOBBS, NM 88240 505/390-0366	
4. Well Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>14</u> Township <u>24S</u> Range <u>37E</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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>REPAIR TBG LEAK</u> <input checked="" type="checkbox"/>

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. RUPU. Pull injection equipment.
2. Replace 8 jts 2-3/8" tbg.
3. Stimulate w/1000 g 15% HCL Acid.
4. RIH w/4.5" Baker Lok-Set PKR and set @3240'. Bottom of 4.5" csg @3324'.
5. Test csg to 520 psi for 30 min and chart for the NMOCD.

Well returned to injection 08/25/2001

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

SIGNATURE R C Bruton TITLE OPERATOR DATE 09/18/2001
TYPE OR PRINT NAME RALPH BRUTON TELEPHONE NO. 505/390-0366

(This space for State Use)

APPROVED BY _____ DATE SEP 18 2001

CONDITIONS OF APPROVAL IF ANY:

JCS

SEP 16
RECEIVED
HODHS
OCD