

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Engr., 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. 30-025-26965
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1167
7. Lease Name or Unit Agreement Name Possh
8. Well No. 002
9. Pool name or Wildcat <i>SWD: Queen</i> Langlie-Mattix

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
Prime Operating Company

3. Address of Operator
3300 N. "A", Bldg. One, Ste. 238, Midland, Tx 79705

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line

Section 36 Township 24 S Range 36 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3278' RKB

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Injection Profile Survey ☒

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.

12/14/96

1. Ran Injection Profile Survey by Holmes Wireline.
2. Ran Mechanical Integrity Test.

Witnessed by Mr. Buddy Hill of Hobbs OCD office.

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

SIGNATURE Mary C. Lyle TITLE Engineering Assistant DATE 1/8/97

TYPE OR PRINT NAME

Mary C. Lyle

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 27 1997

CONDITIONS OF APPROVAL, IF ANY:

