

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-26965

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

SWD: Queen
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: Convert to SWD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Conversion to SWD ☒

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.

11/14/96

1. MIRU Pulling Unit.
2. RIH with Model R Packer and 2 7/8" tubing to 3503'.
3. Loaded tubing casing annulus with Packer fluid.
4. Set packer and pressure tested annulus to 500# for thirty minutes. Pressure held.
5. Shut well in and RDMO.

11/25/96

1. Installed injection pump and initiated water disposal.

NEW well
POD 2824726

SWD-647

96117

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)

ORIGINAL SIGNED BY
MARY WINK
FIELD REP. II

JAN 27 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ICBN

2A Lanolia mattix

dp