

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. 30-025-28210

5. Indicate Type of Lease
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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SWD

2. Name of Operator
Westbrook Oil Corporation - Ogrid No. 036671

3. Address of Operator
P.O. Box 2264 - Hobbs, NM 88241-2264

4. Well Location
Unit Letter N : 990 Feet From The South Line and 2310 Feet From The West Line

Section 26 Township 24-S Range 36-E NMPM Lea 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:

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: Converting Well to a SWD ☒
Administrative Order SWD-85 615

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.

2-6-96 MIRU pulled tubing & rods & layed down - Install BOP.

2-7-96 Run 2-7/8" plastic line tubing w/ Baker Model AD1 (plastic coated)
Packer set @ 3170'.

2-8-96 Pump treated packer fluid & pressure up casing to 540# for 5 hrs.
No casing or packer leaks.

2-10-96 Acidized perms @ 3207' to 3238' w/1000 gal 15% HCL Acid - flushed
w/50 bbls lease water - pumped @ 2 bbls per min @ 200#'s ISIP - 0
Well on Vacuum.

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

SIGNATURE  TITLE Office Manager DATE 2/14/96

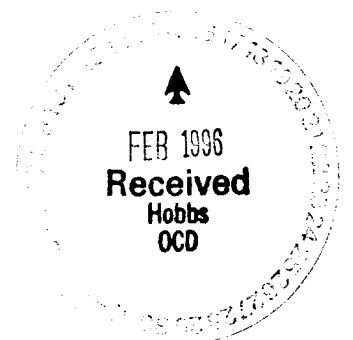
TYPE OR PRINT NAME Barbara Wolfe TELEPHONE NO. 393-9714

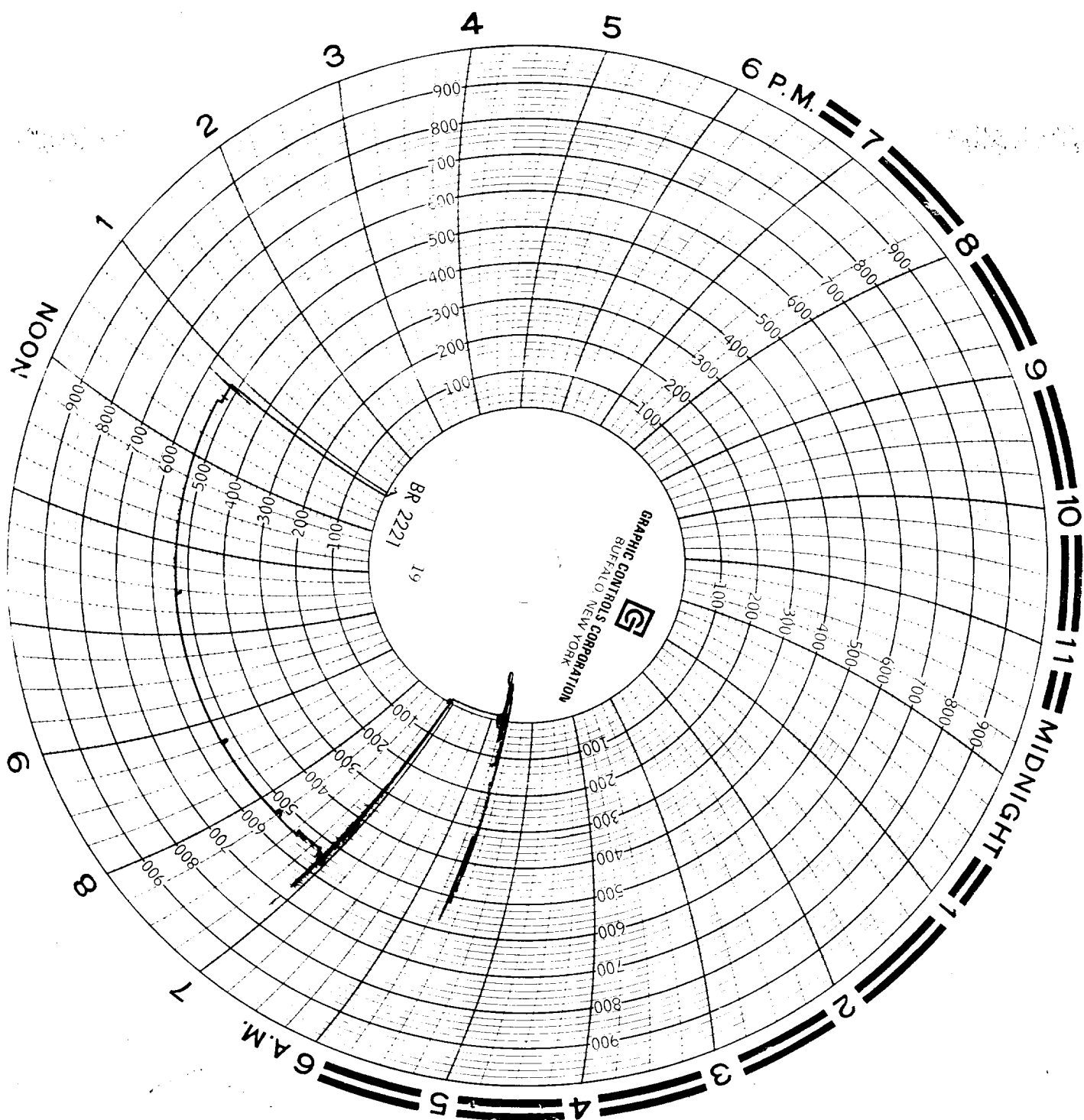
(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE DISTRICT I TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 16 1996





GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221
19