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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 7169
7. Unit Agreement Name
8. Farm or Lease Name State E
9. Well No. 2
10. Field and Pool, or Wildcat King Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3843.1 GL
12. County Lea

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Kerr-McGee Corporation
3. Address of Operator Box 1347, Odessa, Texas
4. Location of Well UNIT LETTER M , 467 FEET FROM THE South LINE AND 467 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 13S RANGE 37E NMPM.

16. 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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Well Status Report

17. 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.

Well was temporarily abandoned 4-2-59. Well is still temporarily abandoned. Kerr-McGee Corporation would like to maintain this well in its present status for possible use as a salt water disposal well.

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

SIGNED TITLE **Div. Prod. Supt.** DATE **10-26-66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: