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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 Fee

5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name South Langlie Jal Unit
2. Name of Operator Reserve Oil and Gas Company	8. Farm or Lease Name
3. Address of Operator First Savings Building, Midland, Texas 79701	9. Well No. 8
4. Location of Well UNIT LETTER O 330 FEET FROM THE FSL LINE AND 2310 FEET FROM E LINE, SECTION 7 TOWNSHIP 25-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Jalmat Oil
15. Elevation (Show whether DF, RT, GR, etc.) 3126 DF	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER **Convert to Water Injection**

ALTERING CASING


PLUG AND ABANDONMENT

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.

1-15-71 Pulled rods and tubing. Cleaned out to 3341' with sand pump.

2-8-71 Ran 103 joints cement lined 2-3/8" Eue tubing and 5 1/2" Baker Model AD packer. Set packer at 3197' with 14000# tension. Placed inhibited fresh water in casing annulus. Shut in. Waiting to commence water injection.

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

SIGNED 

TITLE **District Manager**

DATE **2-24-71**

APPROVED BY 

TITLE **SUPERVISOR DISTRICT**

DATE **MAR 1 1971**

CONDITIONS OF APPROVAL, IF ANY: