

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-07934

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.)

7. Lease Name or Unit Agreement Name
S. Carter (S/A) Unit

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 303

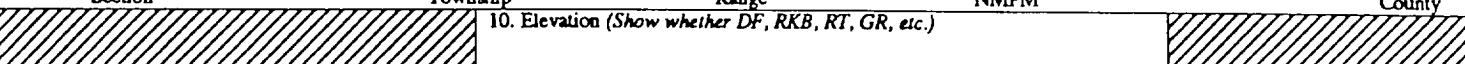
2. Name of Operator
Great Western Drilling Company

9. Pool name or Wildcat
South Carter San Andres

3. Address of Operator
P.O. BOX 1659, Midland, Texas 79702

4. Well Location
Unit Letter D : 330 Feet From The North Line and 990 Feet From The West Line
Section 8 Township 18S Range 39E 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Convert to injection well. <input checked="" type="checkbox"/>	

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.

Ran in hole with Guiberson Uni I packer, circulated hole with packer fluid.
Set packer @ 5,057' with 20,000# tension.
Tested casing to 360 psi for 15 minutes, held OK.
Put well on injection April 3, 1995.

R-10251 inject San Andres

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

SIGNATURE Gina Howard TITLE Production Tech. DATE April 12, 1995
TYPE OR PRINT NAME Gina Howard TELEPHONE NO. (915) 682-524

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 14 1995

CONDITIONS OF APPROVAL, IF ANY:

JCB

Handwritten initials and marks.