

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 CEEDEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER- Salt Water Disposal

7. Unit Agreement Name

Name of Operator
Harris & Walton

8. Farm or Lease Name
H. Whitten

Address of Operator
c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241

9. Well No.
1

Location of Well
UNIT LETTER C 330 FEET FROM THE North LINE AND 2310 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 24S RANGE 36E N.M.P.M.

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
3422 GR

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 JOBS
OTHER Convert to 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.

5/10/83 Ran Baker tension type packer on 104 joints 2 7/8" PVC lined tubing. Set packer at 3206. Filled annulus with water and pressured up to 500#, no leaks. Work witnessed by E. W. Seay.

5/11/83 Dumped 25 gallons KW-37 Tretolite fungicide and corrosion inhibitor in annulus. Started water injection on vacuum.

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

SIGNED [Signature] TITLE Agent DATE 5/12/83

MAY 12 1983

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE _____ DATE _____
DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAY 12 1983
O.C.B.
HOURS OFFICE