Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-015-	
District III	1220 South St. Francis Dr.			5. Indicate Type STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505			6: State Oil &	
1220 S. St. Francis Dr., Santa Fe, NM 87505				*	
= =	CES AND REPORTS ON				or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)					Square Lake Unit
1. Type of Well: Oil Well	Gas Well Other W	Vater	Injection	8. Well Number	
2. Name of Operator CBS Operating Co	rn.	UC	T 142008	9. OGRID Nun 216852	nber
3. Address of Operator			2000	10. Pool name	
P Q Box 2236 Mid	land TX 79702	_OC	D-ARTESIA	Square	Lake GB SA
4. Well Location Unit Letter L : 1650 feet from the south line and 990 feet from the West line					
Section 20 Township 16S Range 31E NMPM Eddy County NM					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3940' GL					
Pit or Below-grade Tank Application o					
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water					
Pit Liner Thickness: mil	Below-Grade Tank: Vol	ume		nstruction Material	
12. Check A	Appropriate Box to Inc	dicate N	ature of Notice,	Report or Othe	er Data
NOTICE OF IN	TENTION TO:		l clib	SEQUENT RI	EDODT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PANDA 🔲
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	JOB 🗆	
OTHER:			OTHER: MIT	•	×
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion					
or recompletion.		or ividay.	o completions. The	wolloofe dag	dam or proposed completion
9-22-03 Found h					
Replaced bad jo packer at 3085'		ted p	acker fluid	l. Reset i	injection
Ran new MIT tes	t, held 400# 1	for 3	0 minutes.	Chart at	tached.
Return to injec			`		
^					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-					
grade tank has been/will be constructed or closed according to NMOCD guidelines ., a general permit or an (attached) alternative OCD-approved plan .					
SIGNATURE	in 10 to I	TTLE	Engineer		DATE 10-9-2008
Type or print name M, A, Si	rgo, III I	F_moil s.a	dressma cit vo ci	laol com T	432-685-0878
For State Use Only	*A01 'TTT 1	man a0:	dressmastres(егернице 140.
APPROVED BY: LUCALO	/NAE T	TTLE_	Compliances (Must	DATE 10/14/08
Conditions of Approval (if any):					•

