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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 type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

E-1059

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Injection	8. Farm or Lease Name South Red Lake Grayburg
3. Address of Operator Archie M. Spair	9. Well No. SRLG Unit
4. Location of Well Post Office Drawer 40 Artesia, New Mexico	10. Field and Pool, or Wildcat 11
UNIT LETTER G FEET FROM THE 2310 LINE AND 2310 FEET FROM North	11. Field and Pool, or Wildcat Red Lake
LINE, SECTION 36 TOWNSHIP 17S RANGE 27E NMPM.	12. County
15. Elevation (Show whether DF, RT, GR, etc.)	

Check Appropriate Box To Indicate Nature of Notice, Report or Other **1640 G.L.**

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

Convert to injection

16. 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.

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JUN 16 1967

Run 4 1/2" casing to 1728 feet
cement with 50 sacks
inject down tubing open-ended
in open hole below shoe.

Test casing at 2000 P.S.I.

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Start injection June 11, 1967

JUN 9 1967

**O. C. C.
ARTESIA, OFFICE**

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

SIGNED <i>Archie M. Spair</i>	TITLE UNIT OPERATOR	DATE June 9, 1967
APPROVED BY <i>R. L. [Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		