

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	/
FILE	/-
U.S.G.S.	
LAND OFFICE	
OPERATOR	/

RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 15 1967

LAND OFFICE

5a. Indicate Type of Lease	
State <input checked="" 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- Injection		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Archie M. Speir ✓		SRUG Unit
3. Address of Operator		9. Well No.
Post Office Drawer 40 Artesia, New Mexico		11
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER G , 2310 FEET FROM THE North LINE AND 2310 FEET FROM		Red Lake Grayburg
THE East LINE, SECTION 36 TOWNSHIP 17S RANGE 27S NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3640 G.L.		Eddy

16.

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER X conversion to injection <input type="checkbox"/>	

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 1703.

Ran 4 1/2" casing to 1720 feet
cemented with 50 sacks
Injected down tubing open-ended in
open hole below shoe

Tested casing at 2000 P.S.I.

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

SIGNED Archie M. Speir TITLE UNIT OPERATOR DATE 9/14/67

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: