

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-87370

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
NM 026418

7. Lease Name or Unit Agreement Name:
Northeast Square Lake Unit

8. Well No.
10

9. Pool name or Wildcat
NE Square Lake

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. Type of Well:
Oil Well ☐ Gas Well ☒ Other **Injection**

2. Name of Operator
AETHER OPERATING, Inc

3. Address of Operator
P.O. Box 12663 ODESSA TEXAS 79768

4. Well Location
Unit Letter **C** : **660** feet from the **North** line and **1980** feet from the **WEST** line
Section **10** Township **16S** Range **31E** NMPM County **E004**

10. Elevation (Show whether DR, 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 checked="" 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"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

RTHW/ slick line to T.D. No obstructions. Test injection lines to 1000 psi. okay. Return well to injection.
This well Failed AMIT 2.29.2000. It must be shut in and stay shut in until repairs are made & the well re-tested



Field Rep ID 1-17-02

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

SIGNATURE **F G Miller** TITLE **PRESIDENT** DATE **11/30/01**
Type or print name **Frosty William, Jr.** Telephone No. **(915) 550-0804**
(This space for State use)