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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E - 537	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator	Old Loco Unit
3. Address of Operator	8. Farm or Lease Name
P. O. Box 316, Artesia, New Mexico 88210	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER <u>C</u> , <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM	Grayburg Jackson
THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>29E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Eddy

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
Convert to Injection ☒

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.

October 19, 1966

1. Pulled tubing, cleaned out to 2728' 267'

2. Ran tubing with 5 1/2" Johnston Tension packer with packer set at 2439'

RECEIVED

Water Injection started on 11-20-66.

DEC 9 1966

O. B. B.
ARTESIA, OFFICE

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

SIGNED Harold K. Casey TITLE Partner DATE 12/7/66

APPROVED BY W. A. Gressitt TITLE OIL AND GAS INSPECTOR DATE DEC 13 1966

CONDITIONS OF APPROVAL, IF ANY: