

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

NEW MEXICO OIL CONSERVATION COMMISSION

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

RECEIVED

MAR 29 1976

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B8838	
7. Unit Agreement Name	
8. Farm or Lease Name Etz State "B"	
9. Well No. 1 6	
10. Field and Pool, or Wildcat Grayburg-Jackson (Queen)	
12. County Eddy	

SUNDY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **Water Injection Well** **O. C. C. ARTESIA, OFFICE**

2. Name of Operator  
**Texas American Oil Corporation**

3. Address of Operator  
**P. O. Box 1856, Monahans, TX 79756**

4. Location of Well  
UNIT LETTER **G** **2490** FEET FROM THE **N** LINE AND **2310** FEET FROM  
THE **E** LINE, SECTION **16** TOWNSHIP **17S** RANGE **30E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3673 est.**

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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <b>Convert to water injection</b>	CASING TEST AND CEMENT JOBS <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 1103.

Commenced injecting water under packer 2-23-76..

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

SIGNED Robert L. Thuxman TITLE Production Superintendent DATE 3-26-76

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: