NO. OF COPIES RECEIVED	Form C-103	
DISTRIBUTION	Supersedes Old	
DISTRIBUTION RECEIVED BY	C-102 and C-103	
	Effective 1-1-65	
	· · · · · · · · · · · · · · · · · · ·	
U.S.G.S.	5a. Indicate Type of Lease	
DEFRATOR D. C. D.	State X Fee	
OPERATOR OF OF OF	5. State Oil & Gas Lease No.	
ARTESIA, OFFICE	B-8838	
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.	7. Unit Agreement Name	
OIL GAS WELL OTHER-		
2. Name of Operator	8. Farm or Lease Name	
Texas American Oil Corporation 🗸	Etz "B" State	
3. Address of Operator	9. Well No.	
300 West Wall - Suite 400 Midland, Texas 79701	18	
4. Location of Well	10. Field and Pool, or Wildcat	
UNIT LETTER G 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM	Grayburg Jackson	
THE East LINE, SECTION 16 TOWNSHIP 175 RANGE 30E		
THELASLLINE, SECTIONTOTOWNSHIPTTORANGEJULNMPM.		
15, Elevation (Show whether DF, RT, GR, etc.)	12. County	
16 3679' GR	Eddy	
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data	
NOTICE OF INTENTION TO: SUBSEQUENT		
PERFORM REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING		
OTHER	[]	
OTHER Change from producer to injection X		
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including a work) SEE RULE 1103.	estimated date of starting any proposed	

Plug back to Grayburg formation by setting a CIBP @ ±2850' w/3 sx. cmt. on top of plug. Set packer @ 2500' and begin injection into plastic coated tbg.

Approval for this waterflood well was granted February 13, 1985 at Santa Fe, New Mexico, Case No. 8481 and Order No. R-7926.

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

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SIGNED Ref Sem -	TITLE Monahans District Manager	DATE_	December 5, 1985
APPROVED TY Mike Williams	OIL AND GAS INSPECTOR	DATE	DEC 12 1905
CONDITIONS OF APPROVAL, IF ANY;	Notify Net Charles of Michael time to with Remedical Work		