Submit 3 Copies to Appropriate District Office	State of New Mexico Energ, Minerals and Natural Resources Department		C SF Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbs, NM 88240 TRICT II Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 NM 88210		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		FEB 27 '89	6. State Oil & Gas Lease No. B 6869	
SUNDRY NOT	CES AND REPORTS ON WEL	15		
(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.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OL GAS WELL GAS WELL	on Water Injection		South Red Lake Grayburg Unit	
2. Name of Operator			8. Well No.	
S & J Operating C	ompany 🗸		40	
3. Address of Operator		9. Pool name or Wildcat		
P. O. Box 2249, Wichita Falls, TX 76307		Red Lake ON-GB-SA		
4. Well Location				
Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2197</u> Feet From The <u>East</u> Line				
Section 2	Township 18S Ra		NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
<u>/////////////////////////////////////</u>				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		REMEDIAL WORK		
		COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	LL OR ALTER CASING			
OTHER: OTHER: Temporarily Abandon		porarily Abandon X		

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.

This well was T. A.'d when we took over operations on 10/1/87. We do not know how long it had been shut-in prior to this date. A consulting engineering firm is currently studying this waterflood unit to determine if any changes need to be made in the flood pattern.

I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE <u>ACANY</u> ROBERTSEN TYPE OR PRINT NAME		DATE 2/22/89 TELEPHONE NO.
(This space for State Use) APPROVED BY Johnny Rohinson CONDITIONS OF AFPROVAL & ANY. Until further notice	TTTLE GIL AND GAS /NOPERTOR	DATE 2 8 1983