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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DEC 30 1980

O. C. D.

ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1483

7. Unit Agreement Name

8. Farm or Lease Name
SRLG Unit

9. Well No.
35

10. Field and Pool, or Wildcat
Red Lake Grayburg

12. County
Eddy

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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER- Injection Well

2. Name of Operator
L. Texas Enterprises, Inc. ✓

3. Address of Operator
Box 763, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER B, 330 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
NA

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

OTHER Bradenhead Inspection

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.

This well was inspected by B. W. Weaver, Jr. and it is determined that it did not have a bradenhead.

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

SIGNED Marcus Haller TITLE Agent DATE 12/19/80

APPROVED BY Mrs. William TITLE SUPERVISOR, DISTRICT II DATE MAR 18 1981

CONDITIONS OF APPROVAL, IF ANY: