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NEW MEXICO OIL CONSERVATION COMMISSION

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JUL 8 1975

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT PROPERTY. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)		O. C. C. ARTESIA, OFFICE
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name Far West Loco Hills Sand Unit	
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Tract No. 9	
3. Address of Operator P. O. Box 67, Loco Hills, New Mexico 88255	9. Well No. 10	
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 18 S RANGE 29 E NMPM.	10. Field and Pool, or Wildcat Loco Hills	
15. Elevation (Show whether DF, RT, GR, etc.) 3506 GL		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 <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"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER Convert to water injection <input checked="" type="checkbox"/>		OTHER <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.

Intend to remove pumping equipment from well, run 2 3/8" plastic coated tubing with tension packer, set in 7" casing, and convert well to water injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED Original Signed by Jerry E. Buckles	TITLE Area Supervisor	DATE July 3, 1975	
APPROVED BY W.A. Gressett	TITLE SUPERVISOR, DISTRICT II	DATE JUL 14 1975	
CONDITIONS OF APPROVAL, IF ANY:			