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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 647.
7. Unit Agreement Name
8. Farm or Lease Name Adkins Williams State
9. Well No. 7
10. Field and Pool, or Wildcat Artesia
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator Cima Capitan, Inc. (NSL) ✓
3. Address of Operator Box 1343, Artesia, New Mexico
4. Location of Well UNIT LETTER P, 330 FEET FROM THE South LINE AND 990 FEET FROM THE East LINE, SECTION 17 TOWNSHIP 18S RANGE 28E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3610 GL

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Commence Injection <input checked="" 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.

PBTD 2150'. 2" Tubing with Packer Set at 1950'. Injecting into Grayburg formation through perforations at 2027-2040'. Injection began on June 1, 1965.

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SEP 11 1967

NEW MEXICO
LAND OFFICE

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

SIGNED <i>[Signature]</i>	TITLE Engineer	DATE 19 Sept 67
APPROVED BY <i>W. A. Gressett</i>	TITLE	DATE 20 Sept 1967

CONDITIONS OF APPROVAL, IF ANY: