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RECEIVED NEW MEXICO OIL CONSERVATION COMMISSION

JAN 11 1968

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

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- Injection well	7. Unit Agreement Name
2. Name of Operator Ryder Scott Management Company	8. Farm or Lease Name Rotary State
3. Address of Operator 922 - 8th Street, Wichita Falls, Texas 76301	9. Well No. 7
4. Location of Well UNIT LETTER J , 2650 FEET FROM THE North LINE AND 2650 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 18S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Artesia Pool
15. Elevation (Show whether DF, RT, GR, etc.) 3589 GL	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input 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.

Well spudded on 12/12/67 at 1:00 P.M.

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

SIGNED *John S. Halsey* TITLE Agent DATE 1/8/68

APPROVED BY *W. A. Grossett* TITLE DEPUTY COMMISSIONER DATE 1/8/68

CONDITIONS OF APPROVAL, IF ANY: