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U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
OCT 17 1985
O. C. D.
ARTESIA, OFFICE

Form O-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input 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 RESERVOIR. USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input checked="" type="checkbox"/> Injection well	7. Unit Agreement Name
2. Name of Operator Herman J. Ledbetter	8. Farm or Lease Name Leonard State
3. Address of Operator P. O. Box 5879, Abilene, Texas 79608	9. Well No. No. 4
4. Location of Well UNIT LETTER I , 330 FEET FROM THE East LINE AND 1650 FEET FROM THE South LINE, SECTION 1 TOWNSHIP 19S RANGE 29E NMPM.	10. Field and Pool, or Wildcat East Turkey Track
15. Elevation (Show whether DF, RT, GR, etc.) 3407.6' GL	12. County Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER **Temporary Abandon** ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 injection well was shut down effective September 9, 1985. Well will be investigated for deepening to other queen and grayburg zones.

* Test Csg

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

SIGNED Herman J. Ledbetter TITLE Operator DATE 10-10-85

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE NOV 14 1985

CONDITIONS OF APPROVAL, IF ANY: