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NEW MEXICO OIL CONSERVATION COMMISSION
MAR 24 1972

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

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-6290
7. Unit Agreement Name
8. Farm or Lease Name Salty Bill
9. Well No. 1
10. Field and Pool, or Wildcat
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- **Brine Supply Well**

2. Name of Operator
Corinne Grace

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N. M. 88240

4. Location of Well
UNIT LETTER **C**, **660** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **36** TOWNSHIP **22 S** RANGE **26 E** NMPM.

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

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 ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Supplemental Well History

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.

To amend C-103 dated 1/14/72 to read as follows:

Moved in rotary rig 5/18/71. Drilled to 2208'.
Moved out rig 5/24/71. Operation suspended
waiting on study of feasibility of converting
to salt water disposal well as per Administra-
tive Order SWD-118.

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

SIGNED Donna Hollis

TITLE **Agent**

DATE **3/23/72**

APPROVED BY For Record Only

TITLE **OIL AND GAS AGENT**

DATE **MAR 30 1972**

CONDITIONS OF APPROVAL, IF ANY: