Submit 3 Copies To Appropriate District	C+-+ £)	NT			
Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 88240	Zaciszi, mariais and radular resources			WELL API NO.	7.00.000
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type o	flesse
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco			STATE FEE	
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Fe, NM 87505			6. State Oil & Ga	
	TICES AND REPORTS OF	JWELLS		7 Lease Name or	Unit Agreement Name:
(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.)				14-20-0603-639	
1. Type of Well: Oil Well ☐ Gas Well	Gas Well Other INJECTION WELL			KING KONG	
2. Name of Operator				8. Well No.	
J.C. WELL SERVICE INC.				20	
Address of Operator P. 0. BOX 51 FARMINGTON, NM 87499 Well Location				9. Pool name or Wildcat SALT CREEK DAKOTA FIELD	
	1650	YKKM COHT	`⊔ ୧ ∧₩	₹ ₩ 330	NAW MECT
Unit LetterL	:feet from the		line and	feet from	
Section 4	Township 3	ON Range		NMPM	County SAN JAUN
	10. Elevation (Show v	whether DR, RF	KB, RT, GR, etc)	
11. Check	5972 GR Appropriate Box to In	dicate Natur	e of Notice. I	Report or Other I	Data
	NTENTION TO:			SEQUENT RE	
PERFORM REMEDIAL WORK	☐ PLUG AND ABANDON	I 🗆 RE	MEDIAL WOR	<	ALTERING CASING
TEMPORARILY ABANDON	☐ CHANGE PLANS		MMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING E	MULTIPLE COMPLETION		SING TEST AN MENT JOB	1D 🗆	
OTHER:		ТО	HER:		
 Describe proposed or compl of starting any proposed wor or recompilation. 					
THIS WELL IS	AN APPROVED INJEC	CTION WELL	FOR PRODUC	CED WATER	
				1001	110700
				16	
				A AUG	
				To Open	5001
				- X 2020	
Phina Rela	eting Cullent			were the second of the second	Line State Control of the Control of
party and					
I hereby certify that the informat	ion above is true and comp	olete to the best	of my knowled	ige and belief.	
SIGNATURE MULL	inal 2	TITLE OP	ERATOR		DATE 8/13/01
7/					227 0021
(This space for State use)	OHN CHNNINGHAM	Mary .	0.00		phone No. 327-9931
OFFICINAL SIG	NATIO BY CHARACTE T. PROPER	ers a []	SEL & GAS IN	SPECTOR, DIST. #8	muo 13 2001
APPPROVED BY Conditions of approval, if any:		TITLE			DATE
Conditions of approval, it ally.					