| | 1 | | Form C-103 | |
|--|--------------------------------|--|---|--|
| NO. OF COPIES RECEIVED | +2 | | Supersedes Old | |
| DISTRIBUTION | +++ | | C-102 and C-103 Effective 1-1-65 | |
| SANTA FE | +/ | NEW MEXICO OIL CONSERVATION COMMISSION | Ellective 1-1-05 | |
| FILE | /- | n se | 5a. Indicate Type of Lease | |
| U.S.G.S. | | | State Fee | |
| LAND OFFICE | | | 5. State Oil & Gas Lease No. | |
| OPERATOR | | | E8879 | |
| | | | E-00/9 | |
| DO NOT USE THIS F | SUND | DRY NOTICES AND REPORTS ON WELLS proposals to drill or to deepen or plug back to a different reservoir. ation for permit (form C-101) for such proposals.) | ((((((((((((((((((((((((((((((((((((| |
| 1. | | | 7. Unit Agreement Name | |
| OIL GAS | | OTHER- | | |
| 2. Name of Operator | | / | 8. Farm or Lease Name | |
| | Levick C State | | | |
| 3. Address of Operator | aul Sl | | 9. Well No. | |
| 1 | 6 | | | |
| 4. Location of Well | 10. Field and Pool, or Wildcat | | | |
| | | 1650 Couth 330 | Cayote Queen | |
| UNIT LETTER | • | 1650 FEET FROM THE South LINE AND 330 FEET FROM | | |
| | | 15 110 275 | $\mathbf{\nabla}$ | |
| THE West | LINE, SEC | TION TOWNSHIP TANGE 27E NMPM | | |
| hummin | m | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County | |
| $\mathbf{v} = \mathbf{v} = $ | .///// | 3694 GB | Chaves ()))))) | |
| | 1111 | | | |
| | | k Appropriate Box To Indicate Nature of Notice, Report or Ot | T REPORT OF: | |
| NOT | ICE OF | INTENTION TO: SUBSEQUEN | | |
| ſ | | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING | |
| PERFORM REMEDIAL WORK | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT | |
| TEMPORARILY ABANDON | | | | |
| PULL OR ALTER CASING | | CHANGE PLANS CASING TEST AND CEMENT JOB OTHER PRESENT STATUS (| f intection well | |
| | | | x. | |
| OTHER | | | | |
| | | | actimated date of starting any proposed | |

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 1903.

The well still has a little salt water pressure on it from previous injection and as soon as the pressure subsides, it will be put back on pump.

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

| NED_marthe J. West | TITLE | <u>Clerk</u> | DATE | 17-67 |
|--------------------------|-------|--------------|------|-------|
| ED BY UN. Q. Lineasett | TITLE | i | DATE | |
| IONS OF APPROVAL, F ANY: | | | | |