Submit 3 Copies to Appropriate District Office	State of New Mexico Energy,nerals and Natural Resources De	epartment Form C-103 Revised 1-1-89	- 1-	
DISTRICT I P O. Box 1980, Hobbs, NM 88240 	OIL CONSERVATION DIVI P.O. Box 2088 Santa Fe, New Mexide GENEROOS DEC 2 0 199 O. C. D.	88 30-005-62661 5. Indicate Type of Lease	X	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	CES AND REPORTS ON MREESIS OFFIC POSALS TO DRILL OR TO DEEPEN OR PLUG B VOIR. USE "APPLICATION FOR PERMIT" 101) FOR SUCH PROPOSALS.)	CE BACK TO A 7. Lease Name or Unit Agreement Name		
1. Type of Well: OL GAS WELL X WELL	onner Salt Water Dis	lsposal O'Brien "C"		
2. Name of Operator Stevens Operating Cor	poration 🗸	8. Well No. 9		
3. Address of Operator P. O. Box 2408, Rosw	ell, NM 88202	9. Pool name or Wildcat Twin Lakes		
4. Well Location Unit LetterE : 1870 Feet From The North Line and 80 Feet From The West Line				
	Township 9S Range 28E 10. Elevation (Show whether DF, RKB, RT 3934'GR	T, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		AL WORK ALTERING CASING		
T' ORARILY ABANDON 🔲 CHANGE PLANS 🖾 COMMENCE DRILLING OPNS. 🗌 PLUG AND ABANDONMENT 🗌				
PULL OR ALTER CASING	CASING		r	
OTHER:	OTHER:	·	_ L	

12. 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 has not been completed as a Salt Water Disposal Well and will remain TA until a decision has been made to Plug or complete as a Salt Water Disposal Well.

I hereby certify that the information above is true and complete to the best of my knowled SKONATURE	age and belief. 	DATE12/18/91
TYPE OR FRINT NAME Ilene Woodrome		TELEPHONE NO. 622-7273
(pace for State Use)		
APPROVED BY	TITLE	DATE