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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
**11304**

**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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <b>Sec. 3, Unit</b>
2. Name of Operator <b>R. C. Davoust Company</b> ✓	8. Farm or Lease Name <b>Turkey Track-Sec.3 U.</b>
3. Address of Operator <b>Box 1089, Levelland, Texas</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>E</b> <b>1650</b> FEET FROM THE <b>FNL</b> LINE AND <b>990</b> FEET FROM THE <b>FWL</b> LINE, SECTION <b>3</b> TOWNSHIP <b>19S</b> RANGE <b>29E</b> NMPM.	10. Field and Pool, or Wildcat <b>Turkey Track G. Jls.</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3423 GL</b>	12. County <b>Eddy</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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 **Convert to Water Injection**

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.

**Ran 66 jts. EUE - 8 Rd. - 2 3/8" tubing with Guiberson tension packer and set @ 2021. Started injecting water down tubing April 2<sup>nd</sup>, 1964.**

RECEIVED

APR 11 1967

O. N. G.  
ARTERIAL EFFLUENT

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

SIGNED W. H. Reed TITLE Prod. Supt. DATE 4-10-1967

APPROVED BY W. A. Gessert TITLE OIL AND GAS INSPECTOR DATE APR 11 1967

CONDITIONS OF APPROVAL, IF ANY: