Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised August 1, 2011
District I – (575) 393-6161	Energy, Minerals and Natural Resources	WELL API NO.
<u>District II</u> – (575) 748-1283	• OIL CONSERVATION DIVISION	30-025-07917
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	2 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, N 87505	3	6. State Off & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION	AND REPORTS ON WELLS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name SOUTH CARTER SAN ANDRES UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas	Well X Other INJECTION	8. Well Number 102
2. Name of Operator GREAT WESTER	RN DRILLING COMPANY	9. OGRID Number 009338
3. Address of Operator P.O. BOX 1659		10. Pool name or Wildcat
MIDLAND,, T	X 79702	SOUTH CARTER SAN ANDRES
4. Well Location Will Location Cost from the WEST line and 2210		
Unit Letter N : 330	feet from the SOUTH line and 23 Township 18S Range 39E	10feet from the WESTline / NMPM
Section 5	Elevation (Show whether DR, RKB, RT, GR, etc.	
Parties (St. 1997)	· · · · · · · · · · · · · · · · · · ·	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTE	NTION TO: SU	BSEQUENT REPORT OF:
	LUG AND ABANDON REMEDIAL WO	
_	.	RILLING OPNS. P AND A
	ULTIPLE COMPL CASING/CEME	NT JOB L
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
RE-SET THE PACKER AND PRESSURE TEST TUBING X CASING ANNULUS TO 300 PSI.		
•		,
Spud Date:	Rig Release Date:	
L		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Samuel C	TITLE AREA ENGINEER	DATE <u>05/22/2012</u>
Type or print name SAM ROBERTS	E-mail address: sroberts@gwdc	e.com PHONE: (432)682-5241
For State Use Only	^	•
APPROVED BY: Mahwhitch TITLE Compliance Officer DATE 06-06-2012		
APPROVED BY: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IIILE WW JUDICE C	DATE OF THE