State of New Mexico

Form C 103

ubmit 3 Copies te Appropriate	Energy, Minerals and Natural Resources Department	Revised 1-1-89
District Office		
DISTRICT 1 P.O. Box 1980, Hobbs, NM \$8240	OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.
DISTRICT II	Santa Fe, New Mexico 87504-2088	30 025 21476
P.O. Drawer DD, Artesia, NM 88210	Said I C, New Moder Court Book	5. Indicate Type of Lease STATE FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oila Gas Lease No.
(DO NOT USE THIS FORM FOR P DIFFERENT RES	TICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ERVOIR. USE "APPLICATION FOR PERMIT" C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil Gas Well Well	THER Injection	State 32
2. Name of Operator	filbanks Co.	8. Well No.
	IIDAIRS CO.	9. Pool name or Wildcat
 Address of Operator c/o P.O. Box 953, , Midland, 	TX, 79702	SWD Ellenburger (96103)
4. Well Location Unit Letter N 6	50 Feet From The South Line and	1980 Feet From The West Lin
		NMPM Lea County
Section 32	Township 23\$ Range 38E 10. Elevation (Show whether DF, RKB. RT, GR, etc.)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	k Appropriate Box to Indicate Nature of Notice, NTENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLI	ING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND	CEMENT JOB
OTHER:	OTHERWell put b	ack into use
	Operations (Clearly state all pertinent details, and give pertinent dates,	including estimated date of starting any proposed
work) SEE RULE 1103.	Fundametica Co	
Lease purchased from Cimarron Letter from NMOCD dated Marc	h 18, 2002 requested MIT test.	art attached
11-15-03; Ran MII test prior to a OCD notified, but did not witnes	njection, pressured up to 580# - held for 30 minutes. Chas. Injection to begin November 2003.	in attached.
Perforations from 12,064 - 12, 17	0', Tubing & packer set @ 11,982'.	of the same
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		1 4 6 1 V
•		1 (1) p (1)
		, in the second
I hereby certify that the information above	true and compage to the best of my knowledge and belief.	11 10 02
SIGNATURE	Regulatory Ages	nt 11-19-03
TYPE OR PRINT NAME Ann E. Ritchio		TELEPHONE NO. 432 684-63
(this space for State Use)		, ,
APPROVED BY	Velleaur HILE Dist	Les DATE /2/20/0
CONITIONS OF APPROVAL. IF ANY	,	

