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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
OG-5083

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name Flying M (San Andres)
2. Name of Operator Coastal States Gas Producing Company	8. Farm or Lease Name Flying M (SA) Un Tr 16
3. Address of Operator Box 235, Midland, Texas 79701	9. Well No. 4
4. Location of Well UNIT LETTER H, 1904.3 FEET FROM THE north LINE AND 845.9 FEET FROM THE east LINE, SECTION 21 TOWNSHIP 9S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Flying M (San Andres)
15. Elevation (Show whether DF, RT, GR, etc.) 4355' GR	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Convert to water injection. <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

- RU pulling unit; POH with rods and tubing.
- Pick up and run internally plastic coated tubing with tension packer - set packer at approximately 4400'.
- Complete conversion and commence injection.

'67 Nov 29 AM 9 00

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

SIGNED Joe R. Howard TITLE Div. Prod. Supt. DATE November 28, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: