Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-24797

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. L-331

## 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.)

7. Lease Name or Unit Agreement Name: New Mexico 8 State Lease

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Injection

2. Name of Operator: Tenroc Oil Corporation

8. Well No. #3

3. Address of Operator: P.O. Box 5970

9. Pool name or Wildcat: Flying "M" - San Andres

4. Well Location

Unit Letter N : 1980 Feet From The West Line and 660 Feet From The South Line

Section 8 Township 9 S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4394.2 Ft. GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | [ ] | PLUG AND ABANDON | [ ] | REMEDIAL WORK | [ ] | ALTERING CASING | [ ] |
| TEMPORARILY ABANDON | [ ] | CHANGE PLANS | [ ] | COMMENCE DRILLING OPNS. | [ ] | PLUG AND ABANDONMENT | [ ] |
| PULL OR ALTER CASING | [ ] | | | CASING TEST AND CEMENT JOB | [ ] | | |
| OTHER: Convert to injection | [X] | | | OTHER: | | | [ ] |

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.

Approximately, November 5, 1998 will begin to perform Administrative Order SWD-725 to convert well to injection following the procedure indicated in the order.

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

SIGNATURE Brandy L Rice TITLE Corp. Sec. DATE 10/27/98

TYPE OR PRINT NAME Brandy Rice TELEPHONE NO. (505)397-3596

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCSN