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

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Union Oil Company of California		8. Farm or Lease Name So. Caprock Queen Unit
3. Address of Operator P. O. Box 671 Midland, Texas 79701		9. Well No. Tr. 30, Well No. 10
4. Location of Well UNIT LETTER J 2310 FEET FROM THE East LINE AND 2310 FEET FROM THE South LINE, SECTION 4 TOWNSHIP 15-8 RANGE 31-E NMPM.		10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4416 DF		12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER **Convert to water injection** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

It is proposed to convert this well to water injection service. Fresh water and/or produced Queen Sand brine will be injected into the Queen sand interval 3128' - 3139'. Injection will be down 2-3/8" or 2-7/8" tubing with packer at approximately 3028'.

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

SIGNED Lon Pardue **Lon Pardue** TITLE Unit Engineer DATE 4/9/70
APPROVED BY [Signature] TITLE [Signature] DATE
CONDITIONS OF APPROVAL, IF ANY:

