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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. B-10420

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 <input checked="" type="checkbox"/> XX Water Injection Well	7. Unit Agreement Name North Caprock Queen Unit No. 2
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Tract No. 3
3. Address of Operator Box 67 Loco Hills, New Mexico 88255	9. Well No. 2
4. Location of Well UNIT LETTER C , 330 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 13 S RANGE 31 E NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4403	12. County Chaves

16.

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ **Convert to Water Injection**

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.

Pulled rods & Pump, and tubing from well, ran tubing with tension packer set in 5 $\frac{1}{2}$ " casing at 2970', connected well head and commenced water injection in accordance with NMOCC Order WFX No. 341 on 10 July 1970.

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

SIGNED *D. H. Layton* TITLE District Superintendent DATE 14 July 1970

APPROVED BY *Leslie H. Clements* TITLE Oil & Gas DATE JUL 17 1970

CONDITIONS OF APPROVAL, IF ANY: