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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 1 11 00 AM '68

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9541	

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well		7. Unit Agreement Name Pebble Queen, Sec. 2
2. Name of Operator GREAT WESTERN DRILLING COMPANY		8. Farm or Lease Name
3. Address of Operator P. O. Box 1659, Midland, Texas 79706		9. Well No. 6
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE N LINE AND 1980 FEET FROM THE W LINE, SECTION 2 TOWNSHIP 13-S RANGE 31-E NMPM.		10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4406 GR		12. County Chaves

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

The hole was loaded with mud and a 50 sack plug was spotted @ 3048'. 1408' of 4 1/2" casing was pulled. 25 sack plugs were spotted @ 1408' and 296'. 10 sacks were placed @ the surface and a marker placed. (6-29-68)

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

SIGNED O. H. Crews TITLE Administrative Coordinator DATE August 30, 1968

APPROVED BY John W. Runyon TITLE _____ DATE _____

CONDITION OF APPROVAL, IF ANY: