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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 20 11 18 AM '66

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-8822	

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- Injection Well		7. Unit Agreement Name North Central Caprock Queen Unit 14
2. Name of Operator GREAT WESTERN DRILLING COM PANY		8. Farm or Lease Name
3. Address of Operator P. O. Box 1659, Midland, Texas		9. Well No. 8
4. Location of Well UNIT CENTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM East LINE, SECTION 14 TOWNSHIP 13-S RANGE 31-E NMPM.		10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4414 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 checked="" 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"/>	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.

The hole was loaded with mud. A 25 sack plug was spotted @ 2960. Shot and pulled 1029' of 5-1/2". Spotted 25 sacks @ 1029', 25 sacks @ 300' with 10 sacks at the surface. Work completed 4-28-66.

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

SIGNED *O. H. Crews* **O. H. Crews** TITLE Administrative Coordinator DATE May 18, 1966

APPROVED BY *Leslie A. Chenevix* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: