

COPIES RECEIVED		
TRIBUTION		
FE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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- Water Injection		7. Unit Agreement Name
2. Name of Operator Weldon S. Guest & I. J. Wolfson		8. Farm or Lease Name Drickey Queen Sand Unit
3. Address of Operator c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240		9. Well No. Tract 22 #1
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 14 S RANGE 31 E NMPM.		10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4203 DF		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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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.

**Removed from injection service 9/1/74 and temporarily abandoned.
Well to be held as possible Polymer injection well.**

*Expires
10/11/75*

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

SIGNED *Joe D. Ramey* TITLE **Agent** DATE **10/28/74**

APPROVED BY Orig. Signed by TITLE _____ DATE _____
Joe D. Ramey
CONDITIONS OF APPROVAL, IF ANY Dist. 1, Supz.