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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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u>		7. Unit Agreement Name <u>Eastcap Queen Unit</u>
2. Name of Operator <u>Continental Oil Company</u>		8. Farm or Lease Name <u>Queen Pool</u> <u>Eastcap Unit</u>
3. Address of Operator <u>P. O. Box 460, Hobbs, New Mexico</u>		9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>I</u> , <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>560</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>14-S</u> RANGE <u>31-E</u> NMPM.		10. Field and Pool, or Wildcat <u>Caprock Field</u> <u>Queen Pool</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4397 GR</u>		12. County <u>Chaves</u>

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Convert to water injection</u> <input checked="" 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 11703.

The subject well was converted to water injection using the following procedure:

Ran 2" tbg (96 jts) Pkr, and hold down. Pkr set @ 3007.
Injection rate 283 bbls in 24 hrs. TP 320. Work started 5-29-65
Work completed 5-29-65.

Your approval is requested.

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

SIGNED SIGNED: ROBERT GAULT III TITLE Staff Supervisor DATE 6-9-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC-5, SLO, LPT