Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 2088	WELL API NO. 30-005-10523	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. 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. Type of Well:	7. Lease Name or Unit Agreement Name Cato San Andres Unit	
OIL GAS WELL OTHER Water Disposal Well		
2. Name of Operator Kelt Oil & Gas, Inc.	8. Well No. 23	
3. Address of Operator P. O. Box 1493, Roswell, NM 88202 4. Well Location	9. Pool name or Wildcat Cato-San Andres	
Unit Letter A: 660 Feet From The North Line and 6	60 Feet From The East Line	
Section 11 Township 8 South Range 30 East	NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	ING OPNS. PLUG AND ABANDONMENT	
	CASING TEST AND CEMENT JOB	
OTHER: Reclas	ssification from Injection Well X	
12. 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.		
Pursuant to the provisions of Division Order R-9029, subject well is reclassified		
from a water injection well to a water disposal well.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	N ₁	
SIGNATURE MAN A. XILGENANT TIME Petroleum	Engineer 5-9-90	
TYPEORPRINTNAME Mark A. Degenhart	(505) TELEPHONE NO. 398–6166	
(This space for State Use)	MAY 1 4 1990	
CRIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY DISTRICT 1 SUPERVISOR TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	