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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR APPLICATIONS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN FOR SUCH PURPOSES)

1. OIL WELL ☐ GAS WELL ☐ OTHER-Water Injection Well ☒	7. Unit Agreement Name
2. Name of Operator Apollo Energy, Inc.	8. Farm or Lease Name Cato Basket WFP
3. Address of Operator P. O. Box 5315, Hobbs, New Mexico 88241	9. Well No. 2
4. Location of well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>8S</u> RANGE <u>30E</u>	10. Field and Foot, or Well Unit Cato San Andres
11. Elevation (Show whether LF, RT, GR, etc.) 4181' RDB	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 ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

13. 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.

Apollo Energy, Inc., plans to have a workover unit on this well the week of July 5 - July 10, 1984, to correct problems as instructed by the NMOC letter dated June 28, 1984. Tubing and packer will be pulled and repair work will be done as necessary.

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCING WORK

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

SIGNED [Signature] TITLE President DATE July 3, 1984

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL - 5 1984

CONDITIONS OF APPROVAL, IF ANY: