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State of New Mexico

Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 **DISTRICT!** OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-005-10539 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Cato San Andres Unit 1. Type of Well: GAS WELL WELL OTHER Water Disposal Well 2. Name of Operator 8. Well No. Kelt Oil & Gas, Inc. 51 3. Address of Operator 9. Pool name or Wildcat P. O. Box 1493, Roswell, NM 88202 Cato-San Andres Well Location 1980 Feet From The Unit Letter 700 East Line and Feet From The Line 11 Section Township 8 South ship 8 South Range 30 East 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Chaves County 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 CASING TEST AND CEMENT JOB L Reclassification from Injection Well to Water Disposal Well OTHER: OTHER:_ 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.

(This space for State Use) • GRIGINAL SIGNED BY JERRY SEXTON	
TYPE OR PRINT NAME Mark A. Degenhart	(505) TELEPHONE NO. 398–6166
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	date5-9-90

CONDITIONS OF APPROVAL, IF ANY: