

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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>E-9171</b>	

## 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- <b>Injection Well</b>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
<b>GREAT WESTERN DRILLING COMPANY</b>		<b>Grain Queen</b>
3. Address of Operator		9. Well No. <b>6</b>
<b>Box 1659, Midland, Texas 79701</b>		<del>500-5</del>
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <b>f</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM		<b>Caprock Queen</b>
THE <b>West</b> LINE, SECTION <b>5</b> TOWNSHIP <b>13-S</b> RANGE <b>32-E</b> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
<b>4353 GR</b>		<b>Lea</b>

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.

This hole will be loaded with mud.

A 50 sack cement plug will be spotted @ 3035'. About 1500' of 5½" casing will be cut and pulled. A 25 sack plug will be placed in the stub of the 5½" and 25 sacks will be placed in the 8 5/8" surface casing @ 305'. 10 sacks will be placed at the surface and a marker and cleanup will be made.

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

SIGNED O. H. Crews

TITLE Administrative Coordinator

DATE February 3, 1969

APPROVED BY [Signature]

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE