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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<b>E-10907</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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <b>Injection Well</b>	7. Unit Agreement Name <b>Grain Queen</b>
2. Name of Operator <b>GREAT WESTERN DRILLING COMPANY</b>	8. Farm or Lease Name <b>Grain Queen</b>
3. Address of Operator <b>Box 1659, Midland, Texas</b>	9. Well No. <b>14</b> <b>Sec 5</b>
4. Location of Well UNIT CENTER <b>N</b> , <b>1980</b> FEET FROM THE <b>West</b> LINE AND <b>660</b> FEET FROM THE <b>South</b> LINE, SECTION <b>5</b> TOWNSHIP <b>13-S</b> RANGE <b>32-E</b> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) <b>4356 GR</b>	12. County <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 ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐


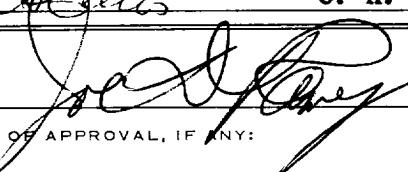
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

The hole will be loaded with mud.

A 50 sack cement plug will be placed @ 3050'. Some 1500' of 4½" casing will be pulled.  
25 sack plugs will be placed in the stub of the 4½" and @ 290' inside the 8 5/8".  
A 10 sack surface plug will be placed. A proper 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 	<b>O. H. Crews</b>	TITLE <b>Administrative Coordinator</b>	DATE <b>February 3, 1969</b>
APPROVED BY 		TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:			