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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.	
7169	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Kerr-McGee Corporation		8. Farm or Lease Name State E 7169
3. Address of Operator Box 1347, Odessa, Texas		9. Well No. 2
4. Location of Well UNIT LETTER <u>M</u> <u>467</u> FEET FROM THE <u>South</u> LINE AND <u>467</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>13S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat King Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3843.1 GL		12. County Lea

15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Well Status Report</u> <input checked="" type="checkbox"/>

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.

Well was temporarily abandoned 4-2-59. Well is still temporarily abandoned. Kerr-McGee Corporation would like to maintain this well in its present status for possible use as a salt water disposal well.

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

SIGNED [Signature] TITLE Div. Prod. Clerk DATE 12-20-68

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: