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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PRODUCTION TO OIL OR TO OTHER FLUIDS IN A DIFFERENT RESERVOIR. USE MODIFICATION FOR PERMIT C-103 FOR SUCH PURPOSES.)		5a. Indicate Type of Lease State ☒ Fee ☐ 5. State Oil & Gas Lease No. B-2229 B-2148
1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- <u>Water Injection Well</u>		7. Unit Agreement Name
2. Name of Operator <u>Southland Royalty Company</u>		8. Farm or Lease Name <u>Malmar Unit Tr. 3</u>
3. Address of Operator <u>21 Desta Drive, Midland, Texas 79701</u>		9. Well No. <u>12-15</u>
4. Location of Well UNIT LETTER <u>0</u> <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>660</u> FEET FROM <u>South</u> LINE, SECTION <u>12</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> NMPM.		10. Field and Pool, or Valued <u>Maljamar (GB-SA)</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4236' GR</u>		12. County <u>Lea</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐	REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER <u>Converted to Water Injection</u> ☒	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.

1. MIRU PU. POH w/rods. Tag bottom w/tbg. POH. Check btm @ 4520'.
2. Spotted 500 gals 15% acid from 4488-3988'. Ran 2 3/8" plastic coated tbg & pkr. Set pkr @ 4123'. Pump acid away w/no pressure. RDPU.
3. Ran step rate test. Parting pressure 1710#.

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

SIGNED <u>E. N. Rad</u>	TITLE <u>District Operations Engineer</u>	DATE <u>7/30/82</u>
AUG 2 - 1982		
APPROVED BY <u>JERRY SEXTON</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL: <u>DISTRICT SUPERVISOR</u>		