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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.

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 <input checked="" type="checkbox"/>	7. Unit Agreement Name <b>Malmar Unit</b>
2. Name of Operator <b>Great Western Drilling Company</b>	8. Farm or Lease Name <b>Section 12</b>
3. Address of Operator <b>P. O. Box 1659 Midland, Texas</b>	9. Well No. <b>Well 12</b>
4. Location of Well UNIT LITTER <b>1</b> <b>660</b> FEET FROM THE <b>West</b> LINE AND <b>1990</b> FEET FROM THE <b>South</b> LINE, SECTION <b>12</b> TOWNSHIP <b>17-S</b> RANGE <b>32-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Maljamar</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4095 GR</b>	12. County <b>Lea</b>

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 <input checked="" type="checkbox"/> <b>Conversion to injection</b>

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.

A packer was run on tubing and set @ 4011'. The well was put on injection September 26, 1964 by W F X Number 183.  
Please find diagram as sent to the Commission for application.

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

SIGNED *O. H. Crews* **O. H. Crews** TITLE **Administrative Coordinator** DATE **June 11, 1965**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: