

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 15 1 32 AM '69

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

NEW MEXICO OIL CONSERVATION COMMISSION

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

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 ☐ GAS WELL ☒ OTHER- Water Injection

2. Name of Operator
Continental Oil Company

3. Address of Operator
Box 460, Hobbs, New Mexico

4. Location of Well
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 14 TOWNSHIP 17-S RANGE 32-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4053' DF

7. Unit Agreement Name

8. Farm or Lease Name
Taylor

9. Well No.
3

10. Field and Pool, or Wildcat
Mabramar
N-Sa Repress

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Convert to Water Injection</u> ☒

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 well was converted to a water injection well by the following.
Cleaned out from 4122' to 4200'. Ran 5 1/2" packer on 2" cement lined tubing. Displaced annulus w/ treated water and set packer at 3891'.
Placed well on injection. Tested by injecting 500 barrels water in 18 hours on vacuum on 9-4-69.

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

SIGNED M. E. Yeakley TITLE Administrative Section Chief DATE 9-5-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE SEP 11 1969

CONDITIONS OF APPROVAL, IF ANY: