

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION O. C. G.

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

FEB 8 11 40 AM '67

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No. E-2118</p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/></p> <p>2. Name of Operator Amarada Petroleum Corporation</p> <p>3. Address of Operator P.O. Box 668 - Hobbs, New Mexico</p> <p>4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 158 RANGE 33E NNPM.</p>	<p>7. Unit Agreement Name State S "N" Unit</p> <p>8. Farm or Lease Name Saunders</p> <p>9. Well No. 2</p> <p>10. Field and Pool, or Wildcat Saunders</p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.) 4207' DF</p>	<p>12. County Lea</p>	

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER **To convert to water injection well** ☒

SUBSEQUENT REPORT OF:

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

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 1703.

Plan to convert to injection well by pulling, hydro-testing and internally coating tubing. Plug back OH with sand from 10,000' to 9935' and with cement from 9935' to 9915'. Install necessary well head equipment to begin injection.

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

SIGNED B. D. Ling TITLE District Superintendent DATE 2-7-67
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: