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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.
B-1527

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	Lovington Paddock Unit
3. Address of Operator	8. Farm or Lease Name
P. O. Box 1351, Midland, Texas 79701	Lovington Paddock Unit
4. Location of Well	9. Well No.
UNIT LETTER I , 1650 FEET FROM THE South LINE AND 330 FEET FROM	2
THE East LINE, SECTION 25 TOWNSHIP 16S RANGE 36E N.M.P.M.	10. Field and Pool, or Wildcat
	Lovington Paddock
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3842' DF	Lea

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 checked="" type="checkbox"/> Convert to Water Injection	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

1. Rig up pulling unit.
2. Pull rods and tubing.
3. Run tubing, internally plastic-coated, with Halliburton R-4 tension packer. Set Packer at approximately 6103'.
4. Load casing annulus with inhibited fluid.
5. Hook well to injection system and start injecting.

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

SIGNED (Signed) J. R. Avent TITLE Dist. Adm. Coordinator DATE October 30, 1970

APPROVED BY [Signature] TITLE [Signature] DATE 10-30-1970

CONDITIONS OF APPROVAL, IF ANY:

