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LAND OFFICE		
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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR REEQUIP A WELL TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.		5a. Indicate Type of Lease State ☒ Fee ☐
1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Salt Water Disposal Well		5. State Oil & Gas Lease No. K-2814
2. Name of Operator J. M. Huber Corporation		7. Unit Agreement Name
3. Address of Operator 1900 Wilco Building, Midland, Texas 79701		8. Farm or Lease Name Stoltz State SWD
4. Location of Well UNIT LETTER M 554 FEET FROM THE South LINE AND 554 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 15S RANGE 35E NMPM.		9. Well No. 1
15. Elevation (Show whether DF, RT, GR, etc.) 4061' DF		10. Field and Pool, or Wildcat Morton Wolfcamp
12. County Lea		

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

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 JOBS ☐	
		OTHER Installation of Injection Pump ☒	

SUBSEQUENT REPORT OF:

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.

11/5/79 to 12/5/79

Installed National J-150-MC Triplex Pump w/aluminum bronze fluid and 2-3/4" ceramic plungers and 150 HP, 1200 RPM, 460 volt motor and Eaton Desurger for salt water disposal injection pump.

12/6/79

Started Pump

12/31/79

Injecting produced salt water 1.85 BPM @ 1400 psi into well.

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

SIGNED <u>Robert C. Setzler</u>	TITLE <u>Dist. Production Mgr.</u>	DATE <u>1/10/80</u>
APPROVED BY <u>Jerry Sexton</u>	TITLE <u></u>	DATE <u>JAN 14 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		