Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	

5. Indicate Type of Lease	STATE [X]	FEE [ ]

6. State Oil & Gas Lease No.
B-2516

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.)

7. Lease Name or Unit Agreement Name

SMGSAU Tract 9

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER Water Injection

2. Name of Operator
Cross Timbers Operating Company

8. Well No.
2

3. Address of Operator
P. O. Box 50847, Midland, Texas 79710

9. Pool name or Wildcat
Maljamar (G-SA)

4. Well Location

Unit Letter __A__ : __330__ Feet From The __North__ Line and __990__ Feet From The __East__ Line

Section 32   Township 17S   Range 33E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,056' GR

11.   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 [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		OTHER: Convert to water injection. [X]	

12. 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.

11/20/91 - Ran 129 jts 2-3/8" plastic lined tbg & Baker Lok-set packer. Set packer at 3,966'. Pressure tested casing to 300 psig for 16 minutes. Casing held pressure.

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

SIGNATURE _Gary L. Markestad_   TITLE Operations Engineer   DATE 11/22/91

TYPE OR PRINT NAME Gary L. Markestad   TELEPHONE NO. (915)682-887

(This space for State Use)

APPROVED BY _Signed by Paul Kautz Geologist_   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:
WFX-614