

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. 30-025-07917
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name S. Carter (S/A) Unit
8. Well No. 102
9. Pool name or Wildcat South Carter San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Great Western Drilling Company	3. Address of Operator P.O. BOX 1659, Midland, Texas 79702	4. Well Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>18S</u> Range <u>39E</u> NMPM Lea County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Convert Well to Injection <input checked="" type="checkbox"/>

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.

Ran in hole with Guiberson Uni I packer, circulated hole with packer fluid.  
Set packer @ 5,110' with 22,000# tension.  
Tested casing to 300 psifor 15 minutes, held OK.  
Put well on injection April 1, 1995.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Gina Howard TITLE Production Tech. DATE April 20, 1995  
TYPE OR PRINT NAME Gina Howard TELEPHONE NO. (915) 682-524

(This space for State Use)  
**ORIGINAL SIGNED BY**  
**GARY WINK**  
**FIELD REP. II**  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **APR 24 1995**  
CONDITIONS OF APPROVAL, IF ANY:

mjp  
clp