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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection Well</u>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <u>PSA Producers</u>		5. State Oil & Gas Lease No. <u>E-2519-2</u>
3. Address of Operator <u>c/o Oil Reports &amp; Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241</u>		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> NMPM.		8. Farm or Lease Name <u>East EK Unit</u>
		9. Well No. <u>10</u>
		10. Field and Pool, or Wildcat <u>East EK Queen</u>
15. Elevation (Show whether DF, RT, GR, etc.)		12. County <u>Lea</u>

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Recind notice to P &amp; A</u> <input checked="" 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.

C-103 filed 8/11/86 to plug and abandon is hereby recinded.  
Well will remain as inactive injection well.

TEMPORARY ABANDON expires 6/1/87

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

SIGNED Donna Haller TITLE Agent DATE 4/13/87

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 13 1987

CONDITIONS OF APPROVAL, IF ANY: