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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-1188-1                                  |                              |

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection |  | 7. Unit Agreement Name          |
| 2. Name of Operator  |  | Vacuum Grayburg San Andres Unit |
| 3. Address of Operator   |  | 8. Farm or Lease Name           |
| P.O. Box 728 - Hobbs, New Mexico 88240   |  | Vacuum Grayburg San Andres Unit |
| 4. Location of Well  |  | 9. Well No.                     |
| UNIT LETTER J, 2630 FEET FROM THE South LINE AND 1000 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 10-S RANGE 34-E N.M.P.M. |  | 10. Field and Pool, or Wildcat  |
| 15. Elevation (Show whether DF, RT, GR, etc.)  |  | Vacuum Grayburg San Andres      |
| 4014' DF   |  | 12. County                      |
|  |  | Lea                             |

16. 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"/> | REMEDIAL WORK <input type="checkbox"/>                         |
| TEMPORARILY ABANDON <input type="checkbox"/>   | COMMENCE DRILLING OPNS. <input type="checkbox"/>               |
| PULL OR ALTER CASING <input type="checkbox"/>  | CASING TEST AND CEMENT JOBS <input type="checkbox"/>           |
| OTHER <input type="checkbox"/>                 | OTHER <input checked="" type="checkbox"/> Convert to injection |
| PLUG AND ABANDON <input type="checkbox"/>      | ALTERING CASING <input type="checkbox"/>                       |
| CHANGE PLANS <input type="checkbox"/>          | PLUG AND ABANDONMENT <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.

Converted subject well to injection 1-14-73.

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

SIGNED Joe D. Ramey TITLE Asst. District Supt. DATE 1-15-73

APPROVED BY Joe D. Ramey TITLE Dist. I, Supt. DATE 1-15-73

CONDITIONS OF APPROVAL, IF ANY: