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# NEW MEXICO OIL CONSERVATION COMMISSION

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

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Injection</b></p>		<p>5. State Oil &amp; Gas Lease No. <b>B-3011-1</b></p>
<p>2. Name of Operator <b>ITWACO Inc.</b></p>		<p>6. Unit Agreement Name <b>Vacuum Grayburg San Andres Unit</b></p>
<p>3. Address of Operator <b>P.O. Box 728, Hobbs, New Mexico 88240</b></p>		<p>8. Farm or Lease Name</p>
<p>4. Location of Well UNIT LETTER <b>C</b> <b>1310</b> FEET FROM THE <b>North</b> LINE AND <b>2530</b> FEET FROM <b>West</b> LINE, SECTION <b>2</b> TOWNSHIP <b>18S</b> RANGE <b>34E</b> NMPM.</p>		<p>9. Well No. <b>45</b></p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) <b>4,316' GR</b></p>		<p>10. Field and Pool, or Wildcat <b>Vacuum Grayburg San Andres</b></p>
<p>12. County <b>Lea</b></p>		

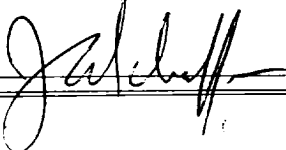
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
<p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>
	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING CPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <input checked="" type="checkbox"/> <b>Convert to injection</b></p>

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.

**Completed subject well as injection 4-5-73.**

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

SIGNED  TITLE **Assistant District Superintendent** DATE **4-5-73**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: