

**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

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

|                                                                                          |
|------------------------------------------------------------------------------------------|
| ELL API NO.<br>30-025-33542                                                              |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                             |

|                                                                                                                                                                                                               |  |                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br><br>South Carter (S/A) Unit |  |
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection Well                                                                                                  |  | 8. Well No.<br>703                                                  |  |
| 2. Name of Operator<br>Great Western Drilling Company                                                                                                                                                         |  | 9. Pool name or Wildcat<br>S. Carter San Andres                     |  |
| 3. Address of Operator<br>P.O. BOX 1659 Midland, Texas 79702                                                                                                                                                  |  |                                                                     |  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line<br>Section <u>5</u> Township <u>18S</u> Range <u>39E</u> NMPM Lea County |  |                                                                     |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3649 GR                                                                                                                                                 |  |                                                                     |  |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                                   |                                           | SUBSEQUENT REPORT OF:                               |                                               |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>              | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>             |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/> |                                               |
| OTHER: <input type="checkbox"/>                           |                                           | OTHER: <input 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.

To frac well with 5,250 gals of gel fresh water w/10,750# 16/30 sand, pump down casing @ 15 BPM. Swab load back & return well to injection.

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 10/1/96

TYPE OR PRINT NAME Gina Howard TELEPHONE NO. (915) 682-5241

(This space for State Use)

APPROVED BY ORIGINAL BY KENTON TITLE DISTRICT SUPERVISOR DATE OCT 6 1996

CONDITIONS OF APPROVAL, IF ANY: