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U.S.G.S.	
LAND OFFICE	
OPERATOR	

# 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 ☐ Fee ☒ XX  
5. State Oil & Gas Lease No.

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO PLUG OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO PLUG" (C-101) FOR SUCH PROPOSALS.)</p>		
<p>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt water Disposal</p>		7. Unit Agreement Name
<p>1. Name of Operator Amerda Hess Corporation</p>		8. Farm or Lease Name Knowles SWD
<p>2. Address of Operator Drawer "D", Monument, New Mexico 88265</p>		9. Well No. 1
<p>3. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM West SECTION 2 TOWNSHIP 17-S RANGE 38-E N.M.P.M.</p>		10. Field and Pool, or Well Unit Knowles
<p>15. Elevation (Show whether DF, RT, GR, etc.)</p>		12. County Lea

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"/>	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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	T.A. <input checked="" type="checkbox"/> XX

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.

Closed all valves and T.A. effective 9-16-75

Disposing all water in well #2.

T.A. expires 9/22/76

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

SIGNED <u>[Signature]</u>	TITLE <u>Supver., Admin. Services</u>	DATE <u>9-18-75</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>9/18/75</u>

CONDITIONS OF APPROVAL, IF ANY: