

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
1070-1	

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input checked="" type="checkbox"/> <u>Water Injection</u>	7. Unit Agreement Name
2. Name of Operator	<u>Central Texas Oil</u>
3. Address of Operator	8. Farm or Lease Name
<u>P. O. Box 1, Santa Fe, New Mexico 87501</u>	<u>Central Texas Unit</u>
4. Location of Well	9. Well No.
UNIT LETTER <u>1</u> , <u>20</u> FEET FROM THE <u>South</u> LINE AND <u>100</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>1</u> LINE, SECTION <u>7</u> TOWNSHIP <u>7</u> RANGE <u>1</u> NMPM.	<u>Central Texas</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
<u>71</u>	<u>El Paso</u>

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"/>	
OTHER <input type="checkbox"/>		OTHER <u>20' deep water injection</u> <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.

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

SIGNED [Signature] TITLE ASST. MGR. DATE 1-17-79

APPROVED BY [Signature] TITLE Supervisor DATE JAN 17 1979

CONDITIONS OF APPROVAL, IF ANY: