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| NEW MEXICO OIL CONSERVATION COMMISSION FILE LAND OFFICE | NO. OF COPIES RECEIVED | | | | | Form C-103 |
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| 1. Only Appendix Notes Part of Part of Comparison (Clearly state all pertinent descrife, and give pertinent dates, including estimated date of starting any proposed of Completed Operations (Clearly state all pertinent descrife, and give pertinent dates, including estimated date of starting any proposed of Completed Operations water 9:45 a.m., 9-12-67. | OFERATOR | | | | | |
| 1. Only Appendix Notes Part of Part of Comparison (Clearly state all pertinent descrife, and give pertinent dates, including estimated date of starting any proposed of Completed Operations (Clearly state all pertinent descrife, and give pertinent dates, including estimated date of starting any proposed of Completed Operations water 9:45 a.m., 9-12-67. | SUI | NDRY NOTICES | AND REPORTS ON | WELLS | · · · · · · · · · · · · · · · · · · · | |
| ONLY CHI Corporation 3. Address of Operator Box 670, Robbs, N.M. 88240 4. Location of Well UNIT LETTER C 660 THE West LIME, SECTION 33 TOWNESS 218 Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: CHARGE PLANS CHARGE PLANS THE WAST CASHED COMMERCE 28 LILLES OFFICE AND ARABDOOM OFFICE PLANS CHARGE PLANS CHA | USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.) | | | | | |
| Gulf Oil Corporation 3. Address of Operation Bac 670, Hobbs, N.M. 83240 4. Location of Well Unit Letter C West Line, Section 33 Township 218 RANGE 37E INFM. 12. County 15. Elevation (Show whether DF, RT, GR, etc.) Line Notice OF Intention To: Subsequent report of: ELMADARILY ARMOR PLUG AND ABARDON ELMADARILY ARMOR PLUG AND ABARDON ELMADARILY ARMOR PLUG OR ATTE CARING OTHER 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEC MULE 1155. Started injecting water 9:45 a.m., 9-12-67. 18. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Officinal SNONED 188 18. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Officinal SNONED 188 18. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Officinal SNONED 188 18. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Officinal SNONED 188 | OIL GAS WELL OTHER- Water Injection Well | | | | | Central Drinkard Unit |
| Box 670, Hobbs, N.M. 38240 4. Location of Well Unit Letter C | Gulf Oil Corp | cration | | | | |
| ALCOUNTY LETTER C | <u> </u> | s, N.M. 882/ | μO | | | 9, Well No. |
| The west Line, Section 33 Township 218 Harge 37E Harm. 15. Elevation (Show whether DF, RT, GR, etc.) 12. County 3.691 PF Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORALITY ABANDON PULC AND ABANDON CHANGE PLANS COMMERCE BILLING OPPOS. CHANGE PLANS CHANGE P | | | <u></u> | | | 10. Field and Pool, or Wildcat |
| The west Line, Section 33 Township 218 Harge 37E Harm. 15. Elevation (Show whether DF, RT, GR, etc.) 12. County 3.691 PF Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORALITY ABANDON PULC AND ABANDON CHANGE PLANS COMMERCE BILLING OPPOS. CHANGE PLANS CHANGE P | C | 6 6 0 | nort.h | 1980 | | Drai mleand |
| 15. Elevation (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: CHAMGE PLANS OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER STATE CASING OTHER OTHER STATE INS. 13. I hereby certify that the information above is true and complete to the best of my knowledge and belief. OTHER OTHER 13. I hereby certify that the information above is true and complete to the best of my knowledge and belief. OTHER OTHER 14. County ALTERIAS CASING OTHER | UNIT LETTER | FEE | T FROM THE 1104 U11 | LINE AND | FEET FROM | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT | west. | 32 | 27.6 | 2010 | | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK TEMPORATIVY ABARDON OTHER OTHER OTHER 17. Describe Proposed or Completed Operations (Clearly state all pertinent datails, and give pertinent dates, including estimated date of starting any proposed work) see rough 102. Started injecting water 9:45 a.m., 9-12-67. | THE TOSE, S | ECTION | TOWNSHIPZLO | RANGE 375 | имрм. | |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK TEMPORATIVY ABARDON OTHER OTHER OTHER 17. Describe Proposed or Completed Operations (Clearly state all pertinent datails, and give pertinent dates, including estimated date of starting any proposed work) see rough 102. Started injecting water 9:45 a.m., 9-12-67. | mmmmm | | Element on (Show and not as | DE PT CP | | |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORARILY ARABON PULL OR ALTER CASING OTHER 17. Dascribe Proposed of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 6625° TD. Started injecting water 9:45 a.m., 9=12-67. | | '///////////////////////////////////// | Elevation (Show whether | | | 12. County |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPERARILY ARABON PULL OR ALTER CASING OTHER 17. Describe Proposed of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 108. Started injecting water 9:45 a.m., 9-12-67. | | 7////// | | 3469 DF | | Lea (\\\\\\\ |
| 6625° TD. Started injecting water 9:45 a.m., 9-12-67. 18. Thereby certify that the information above is true and complete to the best of my knowledge and belief. ORIGINAL NICKED BM I. A TURNSTON | PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING | | PLUG AND ABANDON | REMEDIAL WORK Commence Drilling Opns. Casing test and cement Joe | | ALTERING CASING PLUG AND ABANDONMENT |
| 6625° TD. Started injecting water 9:45 a.m., 9-12-67. 18. Thereby certify that the information above is true and complete to the best of my knowledge and belief. ORIGINAL NICKED BM I. A TURNSTON | | | | <u></u> | | |
| GRIGINAL SIGNED BY | | ting water 9 | :45 a.m., 9-12- | 67. | | |
| | ORIGINAL SIGNED B | ation above is true | | - | er | . DATE 9-13-67 |
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APPROVED BY ___

CONDITIONS OF APPROVAL, IF ANY: