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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
SWD Lease

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. (SEE MARKING FOR PERMIT LATE FORM C-101 FOR SUCH PROPOSALS.)</small>	
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: Salt water disposal well	7. Unit Agreement Name E-M-E SWD
8. Name of Operator Rice Engineering & Operating, Inc.	8. Form or Lease Name E-M-E SWD
9. Address 122 West Taylor, Hobbs, New Mexico 88240	9. Well No. M-33
10. Location of Well UNIT LETTER M 165 FEET FROM THE South LINE AND 165 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 20S RANGE 37E	10. Field and Pool, or Wildcat Eumont
11. Elevation (Show whether DF, RT, GR, etc.) 3519 GR	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 checked="" 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"/>
DRILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

13. Description of Nature of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. SEE RULE 1103.)

7/10/80: Pulled 5½" OD plastic-lined injection tubing because of tubing leak.
 10/15/80: Rerun 4,480'-5½" OD fiberglass lined tubing back into well with packer set @ 4,495' below GR and loaded annulus w/treated water.

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

SIGNED L. B. Goodheart TITLE Division Manager DATE 10-29-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: