|  | <b>1</b> ~                     |                            |                                       |  |  |
|--|--------------------------------|----------------------------|---------------------------------------|--|--|
| NO. OF COPIES RECEIVED   |                                |                            | Form C-103                            |  |  |
| DISTRIBUTION   |                                |                            | Supersedes Old<br>C-102 and C-103     |  |  |
| SANTA FE   | NEW MEXICO OIL CONSE           | RVATION COMMISSION         | Effective 1-1-65                      |  |  |
| FILE   |                                |                            |                                       |  |  |
| U.S.G.S.   |                                | ·                          | 5a. Indicate Type of Lease            |  |  |
| LAND OFFICE  | -<br>-                         |                            | State X Fee                           |  |  |
| OPERATOR   |                                |                            | 5. State Oil & Gas Lease No.          |  |  |
|  | -                              |                            | B 1167                                |  |  |
| SUNDE<br>DO NOT USE THIS FORM FOR PR<br>USE "APPLICAT  |                                |                            |                                       |  |  |
| 1.<br>OIL CAS GAS .  | 7. Unit Agreement Name         |                            |                                       |  |  |
| 2. Name of Cyerator  | 8. Farm or Lease Name          |                            |                                       |  |  |
| Wilson Oil Company   |                                |                            | Shell St                              |  |  |
| 3. Ad iress of Operator  |                                |                            | 9, Well No.                           |  |  |
| Box 457 Arte   | 13                             |                            |                                       |  |  |
| 4. Location of Well  | 10. Field and Pool, or Wildcat |                            |                                       |  |  |
| UNIT LETTER H  | Wilson Y-7R                    |                            |                                       |  |  |
| · · · · · · · · · · · · · · · · · · ·  |                                |                            |                                       |  |  |
| THE East LINE, SECTI   | AIIIIIIIIIIIIIIIIIIIIII        |                            |                                       |  |  |
|  |                                |                            |                                       |  |  |
| 15. Elevation (Show whether DF, RT, GR, etc.)  |                                |                            | 12. County                            |  |  |
| AIIIIIIIIIIIIIIIIIIIIIII   |                                |                            | Lea ()))))))                          |  |  |
| <sup>16.</sup> Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  |                                |                            |                                       |  |  |
| NOTICE OF I  | REPORT OF:                     |                            |                                       |  |  |
|  |                                |                            |                                       |  |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON               | REMEDIAL WORK              | ALTERING CASING                       |  |  |
| TEMPURARILY ABANDON  |                                | COMMENCE DRILLING OPNS.    | PLUG AND ABANDONMENT                  |  |  |
| FULL OR ALTER CASING   | CHANGE PLANS                   | CASING TEST AND CEMENT JOB |                                       |  |  |
|  |                                | OTHER                      |                                       |  |  |
| OTHER Change from d  | isposal TA X                   |                            |                                       |  |  |
|  |                                |                            | · · · · · · · · · · · · · · · · · · · |  |  |
| 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. |                                |                            |                                       |  |  |
|  |                                |                            |                                       |  |  |

5-22-74 The subject well has been taken off of disposal system.

Request that well be put on T.A. status for unlimited time

in that well may be needed for disposal system later.

11-14-74 Well has been placed in use as a disposal well.

| 18. I hereby certify | that the information above is true and comple<br>Raconal Rac |       | DATE 11-14-74 |
|----------------------|--|-------|---------------|
| APPROVED BY          | PPROVAL, IF ANY:   | TITLE | DATE          |

## RECENCED

HER 1 MARA CIL CONTRATION COMM. Grazzi, H. M.