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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection well</u>	7. Unit Agreement Name	<u>Farmont Hardy Unit</u>
2. Name of Operator	8. Farm or Lease Name	<u>Farmont Hardy Unit</u>
3. Address of Operator	9. Well No.	<u>27</u>
4. Location of Well	10. Field and Pool, or Wildcat	<u>Farmont Yates 7Rurs Queen</u>
UNIT LETTER <u>D</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>440</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N.M.P.M.	12. County	<u>Lea</u>
15. Elevation (Show whether DF, RT, GR, etc.)		

## 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 <u>cut press. test chart</u> <input checked="" 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.

- ① MIRU on 2/7/86, removed 1st of 2 3/8 cmt lined tbg.
- ② Press. tested csg to 500#, held for 30 min. w/ no leak off. (chart is attached)
- ③ Well was returned to injection (no pressure, no flow from int. csg)

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 2-11-86

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE FEB 14 1986

CONDITIONS OF APPROVAL, IF ANY:

NMOCO-Hobbs (3) File

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FEB 13 1986  
O.C.D.  
HOBBS OFFICE