Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, .Ainerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

CONDITIONS OF APPROVAL, IF ANY:

OIL CONCEDUATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WELL API NO.		
DISTRICT II	P 0. Box 2088			3002533778	
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Le	ase X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le	STATE FEE X	
			FEE		
SUNDRY NO	TICES AND REPORTS ON	N WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Uni	t Agreement Name	
	MC-101) FOR SUCH PROPOSALS.		JOHN D KNOX		
Type of Well: OIL GAS XOTHER INJECTION WELL WELL WELL					
2. Name of Operator	RPORATION		8. Well No. 14		
3 Address of Operator ATTN: REGULATORY AFFAIRS ML#14			9. Pool name or Wild	cat	
P. O. BOX 1600 MIDLAND, TX 79702			OIL CENTER B	LINEBRY	
4. Well Location					
Unit LetterJ : 2337 Feet	From The FSL Line	and 1543 Fe	et From The FE	Line	
Section 10 To			MPM LE	A County	
	10. Elevation (Show w	whether DF, RKB, RT, GR, etc.)			
Check A	ppropriate Box to Indic	ate Nature of Notice	, Report, or Oth	er Data	
NOTICE OF I	NTENTION TO:	l SU	BSEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOI	ak F	ALTERING CASING	
<u></u>				PLUG & ABANDONMENT	
TEMPORARILY ABANDON L	☐ CHANGE PLANS	COMMENCE DR	_	J ABANDONMENI <u>□</u>	
PULL OR ALTER CASING L	_		ND CEMENT JOB □	_	
OTHER:		OTHER: CASIN	IG TEST PRIO	R TO INJECTING X	
12. Describe Proposed or Completed Opera	ations (Clearly state all pertinent deta	ils, and give pertinent dates, incli	uding estimated date of star	ting any proposed	
work) SEE RULE 1103.					
2/20/98 A ME	CHANICAL INTEGRI	TY TEST WAS PE	RFORMED ON S	UBJECT WELL	
PRIC	OR TO INJECTION (ORIGINAL CHART	IS ATTACHED	1).	
	and an arrival de de la band of may be sould	dee and balief			
I hereby certify that the information above is the SIGNATURE (Signature)	1 1)	. TITLE <u>Sr Staff Offic</u>	o Assistant	DATE 02/24/98	
SIGNATURE MILEM (ALLEM)	sauge .				
TYPE OR PRINT NAME Karen	/arbrough	(713) 431-102	2 TELEPHONE NO.	
(This space for State Use)					
	SIGNED BY			122 200	
	Y WINK DREP. #	TITLE		DATE	
* 14-4-4-	7) 1944 (197				

