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LAND OFFICE	
OPERATOR	

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. B-3480

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Convert for Water Injection	7. Unit Agreement Name
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name R. E. Cole
3. Address of Operator P. O. Box 247, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER M 990 FEET FROM THE West LINE AND 560 FEET FROM THE South LINE, SECTION 16 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Penrose-Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3390' DF	12. County Lea

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input checked="" type="checkbox"/> Convert for Water Injection	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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. Rig up well servicing unit. Pull tubing and rods.
2. Run PVC lined tubing with a tension packer to be set at approximately 3400'.
3. Connect up well to water injection distribution line. Place well on injection status.

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

SIGNED M. J. Miller TITLE **Area Supervisor** DATE **9-26-72**

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Orig. Signed by
Joe D. Ramey
Dist. 1, Supv.

DATE **SEP 29 1972**