

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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.
7. Unit Agreement Name Blinebry-Drinkard SWDS
8. Farm or Lease Name
9. Well No. 1 C-2
10. Field and Pool, or Wildcat Lower San Andres
12. County Lea

**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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal Well
2. Name of Operator AGUA, INC.
3. Address of Operator P.O. Box 1978 Hobbs, N.M. 88240
4. Location of Well UNIT LETTER C 660 FEET FROM THE north LINE AND 2305 FEET FROM THE west LINE, SECTION 2 TOWNSHIP 22S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3766 KB

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Testing well <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.

December 11, 1986:  
Took sample of gas on casing to be analyzed for hydrocarbons. CP = 15 PSI.

December 30, 1986:  
Results of gas analysis indicate gas sample is air (see gas analysis attached). Tested for communication between surface casing and injection casing again. SCP = 0 PSI, CP = 200 PSI, TP = 32 in hg vacuum. Test indicated no communication between surface casing, injection casing and tubing. Plan to keep casing valve closed and record maximum pressure on casing. Will also analyze gas one more time.

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

SIGNED <u>R.W. Abbott</u>	TITLE <u>Manager</u>	DATE <u>1/2/87</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>JAN 8 1987</u>

CONDITIONS OF APPROVAL, IF ANY: