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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 type="checkbox"/> Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.
NMJ-581

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7. Unit Agreement Name

8. Farm or Lease Name
Gutman

9. Well No.
2

10. Field and Pool, or Wildcat
Langlie Mattix

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection

2. Name of Operator
Texas Pacific Oil Company

3. Address of Operator
Post Office Box 1069 - Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER J , 2310 FEET FROM THE South LINE AND 1650 FEET FROM

THE East LINE, SECTION 29 TOWNSHIP 25-S RANGE 37-E NMPM.

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15. Elevation (Show whether DF, RT, GR, etc.)
3028' GR

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 JOBS <input type="checkbox"/> OTHER SWD Injection <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.

Above well was converted to Salt Water Disposal injection on 12-14-68.

1. Rigged up. Ran 96 jts. (2980') 2-3/8" 4.7# 8rd. J-55 EUE Tubing.

2. Tested for injectivity. Total injected for month of January - 3758 bbls.

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

SIGNED *Area Superintendent* TITLE **Area Superintendent** DATE **2-17-69**

APPROVED BY *Area Superintendent* TITLE **Area Superintendent** DATE **2-17-69**

CONDITIONS OF APPROVAL, IF ANY: