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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

JUL 17 11 54 AM '69

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
B-9519	
7. Unit Agreement Name	
Dollardside Drinkard Unit	
8. Farm or Lease Name	
Dollardside Drinkard Unit	
9. Well No.	
27	
10. Field and Pool, or Wildcat	
Dollardside Tubb-Drinkard	
12. County	
Jesse	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
3. Address of Operator	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER L 1980 South 660 FEET FROM THE	Dollardside Tubb-Drinkard
THE West 29 TOWNSHIP 24S RANGE 38E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Unknown	Jesse

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Inject water into injection ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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) Move in and start pulling units.
 - 2) Pull rods and tubing.
 - 3) Run tubing and set packer.
 - 4) Rig down and connect to injection system.
- After Reservoir begins to pressure up, then:
- 5) Rig up pulling unit and pull tubing and packer.
 - 6) Run tubing with bit and clean out to T. D.
 - 7) Pull out and set bit.
 - 8) Run tubing and set packer.
 - 9) Fill annulus with inhibited fluid.

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

SIGNED [Signature] TITLE District Production Mgr. DATE 7-15-69

APPROVED BY [Signature] TITLE [Signature] DATE 18 1969

CONDITIONS OF APPROVAL, IF ANY: