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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 ☐ Fee ☐

5. State Oil & Gas Lease No.

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 ☐ GAS WELL ☐ OTHER- Water Injection Well

7. Unit Agreement Name

2. Name of Operator

8. Farm or Lease Name

3. Address of Operator

9. Well No.

4. Location of Well
UNIT LETTER ____, ____ FEET FROM THE South LINE AND ____ FEET FROM THE ____ LINE, SECTION ____ TOWNSHIP ____ RANGE ____ NMPM.

10. Field and Pool, or Wildcat

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

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

confine injection interval, perforate treat perfs.

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. [illegible] injection tubing & liner with [illegible].
2. [illegible]
3. [illegible]
4. [illegible] with 8 shots, 6384-[illegible]' with [illegible] shots, 6466-6483' with 8 shots, 6479-6487' with 10 shots, 6493-6498' with [illegible] shots, 6510-6513' with [illegible] shots, total 22 shots.
5. Treat perforations 6366-6513' with 2,500 gallons [illegible] acid [illegible] salt gel ball sealers in 3 stages.
6. Set lined injection tubing and packer ± 6300'. Load tubing-casing annulus with [illegible] water.
7. Return well to active injection status, injecting water through Drinkard perfs. 6366-6513'.

[illegible] OTHER
[illegible] TO CONTINUE WORK

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

SIGNED (signed) D. R. Crow D. R. Crow TITLE Area Supt. DATE [illegible]

Approved by D. Sexton
APPROVED BY [illegible] TITLE [illegible] DATE [illegible]

CONDITIONS OF APPROVAL, IF ANY: