STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT RECEIVED 6.	
OIL CONSERVATION DIVISION DISTRIBUTION P. O. BOX 2039 () () () () () () () () () () () () ()	Form C-103 - Revised 10-1-73
U.S.G.S. LAND OFFICE ARTESIA, C.FICE PERATOR T. ARTESIA, C.FICE	State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO GEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAB WELL OTHER-	
AMOCO PRODUCTION COMPANY	8. Farm of Lease Name Old Indian Draw Unit
P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 19
UNIT LETTER K 1657 FEET FROM THE SOUTH LINE AND 1750 FEET FROM	10. Field and Pool, or Wildeat Und. Indian Draw Delawar
THE West LINE, SECTION 7 TOWNSHIP 22-S RANGE 28-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3092.3 GR	12. County Eddy
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	
PERFORM REMEDIAL WORK TEMPORARILY ASANOON PULL OR ALTER CABING CHANGE PLANS CHANGE PLANS CASING TEST AND CEMENT JOB	ALTERING CASING PLUG AND ABANDONMENT
convert to injection X	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1703.	estimated date of starting any proposed
Propose to convert well to injection in accordance with NMOCD Order follows: MISU. Pull rods, pump and tubing. RIH with injection packer and ac intervals 3331'-3332', 3327'-3328', 3321'-3322', 3316'-3317', 3311'-3268'-3269' and 3263'-3264' with 100 gals 15% NE HCL with additives. to 3220', fish RFC valve and fluid plug and flush with 20 bbls 2% KC and POOH. Set packer at 3160'. Run Gr/Temp survey 3500'-3100'. Fr with 10000 gals 2% KCL and 40000# sand. Run after treatment survey Release packer and POH. RIH with injection packer and tubing. Set MOSU and commence injection.	d in one-foot 3312', 3273'-3274', Pull up packer L. Release packer ac down tubing 3500'-3100'
O+5-NMOCD,A 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.20	6 1-BFC
8. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Bould Old Title Administrative Analyst	DATE 9-4-84
Original Signed By Leslie A. Clements Supervisor District HTLE	SEP 1 0 1984