NO. OF COPIES HECKIVED			Form C-133	
DISTRIBUTION	—	•	Supersedes Old	
SANTA FE	NEW MEXICO OIL CHIBERVA	FFMF FOLIAS CON	C-102 and C-103	
FILE	MEW MEXICO OIL CONSERVA	14 TOTAL E-CANADA SOLOTA	Effective 1-1-65	
U.S.G.S.	Jun 5	11 34 AM '68	5a. Indicate Type of	Lease
LAND OFFICE		11 34 HM PB	State X	Fee.
OPERATOR			5. State Oil & Gas L	
OPERATOR			B-9541	
CLIN	IDDY NOTICES AND DEPORTS ON WEL	1 6		viiiiiiii
OO NOT USE THIS FORM FOR USE "APPL	NDRY NOTICES AND REPORTS ON WELL PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROP	LO A DIFFERENT RESERVOIR.		
1.			7. Unit Agreement No	
OIL GAS WELL OTHER. Water injection well			Pebble Queen 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Great Western Drilling Company			State Pi	me
3. Address of Operator	ng Company		9. Well No.	
P. O. Box 1659, Midland, Texas 79701			1 -10	
4. Location of Well			10. Field and Pool, or Wildcat	
UNIT DEFITE J 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM			Caprock Queen	
<u> </u>		1227 1.404		TITITI.
THE East LINE, S	ection 7 township 13-S	RANGE 31-E NMPM.		VIIIIIII
***************************************			711111111111	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	15. Elevation (Show whether DF, R	T, GR, etc.)	12. County	
	4398 GR		_Chaves	
Che	ck Appropriate Box To Indicate Nature	e of Notice, Report or Oth-	er Data	
NOTICE O	FINTENTION TO:	SUBSEQUENT	REPORT OF:	
<u></u>				
PERFORM REMEDIAL WORK	PLUG AND ABANDON X REME	EDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON	сом	MENCE DRILLING OPNS.	PLUG AND	A BANDONMENT
PHEL OR ALTER CASING	CHANGE PLANS CASI	NG TEST AND CEMENT JQB		
	0	THER		
отнея				
17, Sescribe Proposed or Complete	d Operations (Clearly state all pertinent details, an	nd give pertinent dates, including e	estimated date of star	ting any proposed
work) SEE RULE 1103.				
open hole 3053-3037 stub. Place 25 sack	ated June 1, 1968. We plan to and 148' into 9½". Pull about s at the surface pipe shoe 9 5 clean-up will be made.	800' of $4\frac{1}{2}$ " and place	e 25 sacks in	nto the
SIGNED SHE SIEWS	Amed TITLE	strative Coordinator.	DATE	
CONDITIONS OF APPROVAL, IF	ANY:			
Mind ha	Luna Dluss			