STATE OF NEW MEXICO		
NO. OF COPILS RECEIVED	OIL CONSERVATION DIVISION	
DISTRIBUTION	P. RECEIVED 8	Form C-103
SANTA FE	SANTA FE, NEW MEXICO 87501	Revised 10-1-78
FILE	- o m 1000	5a. Indicate Type of Lease
U.S.O.S.	AUG 2 7 1982	State X Fee
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR	O. C. D.	B 732
(DO NOT USE THIS FORM FOR POLICATI	Y NOTICES AND REPORTS OF WELLS POSALS TO DAILL ON TO DEEPEN ON PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
		7. Unit Agreement Name
OIL CAB WELL OTHER- Water Injection Well		South Redlake Grayburg 8. Form or Lease Name
Tom R. Minihan		South Redlake Grayburg
Address of Operator		9. Well No.
P.O. Box 4364 Midland, Tex. 79704		8
Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERE 1650 FEET FROM THE NOTTH LINE AND 330 FEET FROM		Redlake Grayburg
	DN 36 TOWNSHIP 17 S RANGE 27 E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
	3581 GL	Eddy
	Appropriate Box To Indicate Nature of Notice, Report or Oth ITENTION TO: SUBSEQUENT	ner Data 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	
7. Describe Proposed or Completed Op- work) SEE RULE 1 103.	verations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
	and frac present injection interval and pump test Sept. 24, 1982.	well. Start

- MIRU service unit. Install BOP. Pull tubing. Clean out to T.D. 1634'.
 Run RTTS packer on 2 3/8 tubing. Load hole, set packer at 1550'. Test
- 2. Run KTTS packer on 2 3/8 tubing. Load hole, set packer at 1550'. Test 4 1/2 with 500#.
- 3. Treat interval 1617 32 down 2 3/8 tubing under RTTS packer with 10,000 gal. gelled water 20,000# 20/40 sd. Pull tubing and packer.
- 4. Run 2 3/8 tubing with S.N., rods and pump. Pump test well 30 days, if successful submit necessary forms to change well status from injection well to producing oil well.

ill. I hereby certify that the information above is true and complet	te to the best of my knowledge and belief.	
June form RM mile	Operator	8/19/82
ONDITIONS OF APPROVAL, IF ANYI	TITLE SUPERVISOR, DISTRICT N	DATE AUG 3 0 1982