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NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
		RECEIVED INSERVATION COMMISSION	C-102 and C-103
SANTA FE		SERVATION COMMISSION	Effective 1-1-65
FILE -		MAR 2 7 1958	5a. Indicate Type of Lease
U.S.G.S.		WAA 27 1968	State X Fee
	<u> </u>		5. State Oil & Gas Lease No.
OPERATOR /		D. C. C.	647
(DO NOT USE THIS FORM FOR F USE "APPLIC	DRY NOTICES AND REPORTS CARD REPORTS CARD ALL OR TO DEPLO OR TO DEPEN OR PLUG	N WELLS back to a different reservoir. uch proposals.)	
1.			7. Unit Agreement Name
OIL GAS WELL	OTHER. Convert to Inj	ection	🔥 Artesia Unit
2. Name of Operator			8. Farm or Lease Name
DEPCO, Inc.			
3. Address of Operator			9. Well No.
800 Central, Odessa	a, Texas 79760		14
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER G	1980 FEET FROM THE NORTH	1980 FEET	Artesia FROM
THE East LINE, SEC	TION 35 175	5 8ANGE 28E	мрм. {{}}}}
	15. Elevation (Show whethe 3683 Gr.	er DF, RT, GR, etc.)	12. County Eddy
^{16.} Check	Appropriate Box To Indicate	Nature of Notice Report of	r Other Data
	INTENTION TO:		JENT REPORT OF:
NOTICE OF	INTENTION TO:	3083200	SENT REPORT OF.
	PLUG AND ABANDON	REMEDIAL WORK	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	nvert to injection
		отнея00	
OTHER			
17. Describe Proposed or Completed work) SEE RULE 1903.	Operations (Clearly state all pertinent de	etails, and give pertinent dates, incl	uding estimated date of starting any proposed
A State of the NMO	CC Case No. 2652 Order N	- P2211 plastic cost	ed tubing with packer was se
at 2298'. Commence	d water injection on Feb	ruary 26, 1968 into th	e Premier formation.
			04 2325-81
On March 26, 1968,	the annulus above the pac	cker was loaded with a	n inert fluid.
	2		
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

signed	TITLE District Engineer	DATE March 26, 1968
APPROVED BY U. a. Gresset	TITLE <u>GIL AND GAS INSPERTOR</u>	APR 1 1968

CONDITIONS OF APPROVAL, IF ANY: