NO. OF COPIES RECEIVED		Form C-103 Supersedes Old		
DISTRIBUTION		C-102 and C-103		
SANTAFE	NEW MEXICO O.L CONSERVATION COMMISSION			
FILE I -	FEB 14 15			
U.S.G.S.		5a, Indicater Type of Lease		
LAND OFFICE	G. C. C.	State Fee X		
OPERATOR	ARTEDIA, OFF			
(DO NOT USE THIS FORM FOP PRI	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVO TON FOR PERMIT	я.		
1.		7. Unit Agreement Name		
GIL GAS WELL	OTHER. Disposal well			
2. Name of Operator		8. Farm or Lease Name		
Navajo Refining Company		Bolton C U		
13. Address of Operator		9. Well No.		
P.O. Box 159 Artesia, New Mexico 88210		#1		
4. Location of Well		10. Field and Pool, or Wildaat		
	560FEET FROM THE LINE AND 2180	Undesignated		
UNIT LETTER	FEET FROM THELINE AND	- FEET FROM		
F	ON 9 TOWNSHIP T 17S RANGE R 26E			
THELINE, SECTI	ON TOWNSHIP RANGE	<u> </u>		
mmmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County		
	3349 Gr.	Eddy		
	Appropriate Box To Indicate Nature of Notice, Rep	ort or Other Data SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORAHILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT .			
	OTHER PERIOFAL	ing and Acidizing 🛛 🗙		
OTHER				
	perations (Clearly state all pertinent details, and give pertinent date	es including estimated date of starting any proposed		
17. Describe Proposed or Completed C work) SEE RULE 1103.	perations (Clearly state all periment actaus, and give periment date	s, including estimated able of starting any proposal		
Well wa	as perforated 8970 - 9017 4 holes/foot	total 188 holes.		
Well wa	as washed with 1,000 gallon for break dow	in .		
	a contration to 000 mellon uning 200	hall coolors Max and		
	as treated with 20,000 gallon, using 300 6 BPM, used 24,200 total fluid.	Dali Sealeis, Max allu		
Welli	njection rate and pressure did not indica	ate well will take fluid		
on vacuum.				
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Operate	or will proceed with deepening as approve	ed.		
18. I hereby certify that the informatio	n above is true and complete to the best of my knowledge and belief.			
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SIGNED C	T;TLE	General Manager	February 12, 1975
APPROVED BY AUCCES STATE	T IT L E	SUPERVISOR, DISTRICT II	FEB 1 8 1975

CONDITIONS OF APPROVAL, IF ANY:

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