Submit 3 Copies to Appropriate	State of New Mexico Energy, Minerals and Natural Resources Department				Form C-103 C
District Office	Energ	y, Minerals and Natura	il Resources Department	:	Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM	88240 OII	OIL CONSERVATION DIVISION			
DISTRICT II		P.O. Box 2088 Santa Fe, New Mexico 87504 62088 VED		WELL API NO.	-015-
P.O. Drawer DD, Artesia, N	M 88210	Santa I e, New Mex	CO 9/204KFGEINED	5. Indicate Type of	Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec	, NIM 87410		JUN 1 8 199	6. State Oil & Gas	STATE FEE L
SUN (DO NOT USE THIS FO DIFFE 1. Type of Well:	HENT HESERVOIR.	ND REPORTS ON V S TO DRILL OR TO DEE! USE "APPLICATION FOR IR SUCH PROPOSALS.)	VELLS ARTESIA OFFI A PEN OR PLUG BACK FO A PERMIT	7. Lease Name or I	Juit Agreement Name
OR. WELL	GAS WELL	OTHER T	nioskien W-11		
2. Name of Operator			njection Well	Red La	ke Unit
3. Address of Operator	loration, I	nc.		24	
800 N. Mail	rienfeld Ste	⊇. 200 Midlan	d, Texas 797	9. Pool name or Wi	ke, East
	3 : 198 6 Feet	From The North	Line and	Feet From 7	The East Line
Section 36	Tow	nathip 16S	Range 28E	NMPM Ed	ldy c
		10. Elevation (Show whet	her DF, RKB, RT, GR, etc.)	INMERM	County
11.	Check Approx	Pista Por to Indian	La Niver Chr. 1		
	CHECK Approp	NATO.	te Nature of Notice,		
		_	¬ !	BSEQUENT RE	PORT OF:
PERFORM REMEDIAL WO		UG AND ABANDON	REMEDIAL WORK	A	LTERING CASING
TEMPORARILY ABANDON	СН	ANGE PLANS	COMMENCE DRILLIN	IG OPNS. 🔲 P	LUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND	EMENT JOB	
OTHER:		[OTHER:	er Leakage T	est
12. Describe Proposed or Conwork) SEE RULE 1103.	npleted Operations (Clean	urly state all pertinent details	, and give pertinent dates, inci	uding estimated date of st	carting any proposed
5-14-91 Ra packer, Se Robinson,	n 54 jts. c t pkr. @ 17 chart attac	of 2 3/8" tbg 17.56'. Test thed. Began	and 5 1/2" Met witnessed and 5 1/2" Met witnessed and 5 1/2" Met with the second secon	Model AD-1 T ad approved 91.	ension by Johnny
					Port ID-3 7-12-91 chy prool to with
I hereby certify that the information	on above is true and comple	te to the best of my knowledge a	nd belief. Produc	tion	6-14-91
SIGNATURE AMALILLA			mie		O-14-91
TYPE OR PRINT NAME			- 		TELEPHONE NO.
	RIGINAL SIGNED	BY			.IIII o g 1991

_ DATE _

CONDITIONS OF APPROVAL, IF ANY:

SUPERVISOR, DISTRICT IL

