NO. OF COPIES RECEIVED	3			Form C-103
DISTRIBUTION				Supersedes Old
SANTA FE		NEW MEXICO OIL CONS	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	/-		. N	
U.S.G.S.			. N ^N	5a. Indicate Type of Lease
LAND OFFICE			V	State Fee 🚺
OPERATOR	/]		5. State Oil & Gas Lease No.
(DO NOT USE THIS F		RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG B TION FOR PERMIT -" (FORM C-101) FOR SUC	WELLS	
1. OIL GAS WELL WEI		OTHER-	H PROPUSALS.)	7. Unit Agreement Name
2. Name of Operator	····			8. Farm or Lease Name
	Leavitt "S"			
3. Address of Operator				9. Well No.
	9			
4. Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER	1(680 FEET FROM THE North	LINE AND FEET	FROM Atoka San Andres
				<u> </u>
THE West	LINE, SECT	10N 13 TOWNSHIP 185	RANGE 26E	NMPM. ())))))))))))))))))))))))))))))))))))
	12. County			
16.	Check	Appropriate Box To Indicate N	ature of Notice. Report of	r Other Data
ΝΟΤΙ		NTENTION TO:		JENT 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	
		producer to water X		
<u> </u>	ell	inerations (Clearly state all pertinent deta	L	

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to pull rods and tubing. Complete additional pay by perforating at 1587', 88', 89', 90', 98', 1607', 26', 51', 57', 84', 91' and 1703'. New perforations will be acidized with 3,000 gallons of 15% HCL acid with ball sealers. A 4-1/2" tension packer will be set at 1560' on 2" Rock Island fiber glass tubing. Tubing annulus will be filled with inhibited fresh water. Produced water from the Atoka San Andres Field will be injected at rate of about 400 BWPD.

Authority to inject water into subject well was granted by Oil Conservation Commission Order No. R-2955.

Work is expected to commence about 9-6-65.

RECEIVED

V

SEP 7 1965

O. C. C. ARTESIA, DEFICE

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED & F. Stingland	TITLE Division Superintendent	DATE	9-2-65	
APPROVED BY ML Constraine CONDITIONS OF APPROVAL, IF ANY: 7	TITLE	DATE	SEP 7	1965