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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

FEB 17 1970

D. C. C.  
ARTESIA, OFFICE

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <b>Atoka San Andres Unit</b>
2. Name of Operator <b>Kewanee Oil Company</b>	8. Farm or Lease Name <b>Tract 4</b>
3. Address of Operator <b>P. O. Box 3786, Odessa, Texas 79760</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>L</b> , <b>1650</b> FEET FROM THE <b>South</b> LINE AND <b>990</b> FEET FROM THE <b>West</b> LINE, SECTION <b>11</b> TOWNSHIP <b>18S</b> RANGE <b>26E</b> NMPM.	10. Field and Pool, or Wildcat <b>Atoka San Andres</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3332' DF</b>	12. County <b>Eddy</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Converting to Water Injection Well** ☒

17. 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.

Pulled rods and tubing. Cleaned out to 1715' DF. Dumped 500 gallons diesel down casing followed by 250 gallons 15% regular acid. Ran 5-1/2" tension packer on 2-3/8" tubing coated internally with plastic. Loaded annulus with inhibited water and set packer at 1364.24' DF. Started water injection 2-4-70. Well accepting 222 barrels water per day at 0 psi.

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

SIGNED E. J. Stuckey TITLE Division Superintendent DATE 2-12-70

APPROVED BY N. J. Ham TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: