NO. OF COPIES RECEIVED		
DISTRIBUTION	D =	Form C-133 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSIOF D	C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	FEB 1 7 1970	5a. Indicate Type of Lease
LAND OFFICE	- 1 / 19/0	State Fee X
OPERATOR	(°)	5. State Oil & Gas Lease No.
	ARTERIA, BFFICE	
(DO NOT USE THIS FORM FOR PROP	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1.	ON FOR PERMIT _ ' (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
ott X GAS WELL 2. Name of Operator	OTHER•	Atoka San Andres Unit
		8. Farm or Lease Name
Kewanee Oil Company 3. Address of Operator	1	Tract 3
P. O. Box 3786, Odessa	, Texas 79760	9. Well No. 4
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER H,	10 FEET FROM THE North LINE AND 330 FEET FROM	Atoka San Andres
Foot	10 190 240	
THE East LINE, SECTION	N 10 TOWNSHIP 18S RANGE 26E NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3326' GR	Eddy
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
DEDECTIVE OF VEGA VALUE VA		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON PULL OR A TER CASING	CHANGE PLANS CASING TEST AND CEMENT ION	PLUG AND ABANDONMENT
TOTAL SILVER SIL	CHANGE PLANS CASING TEST AND CEMENT JOB CONVERTING TO WA	ter Injection Well X
OTHER	OTHER OUTVELDING TO WA	X
 Describe Proposed or Completed Operatory SEE RULE 1103. 	erations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
followed by 250 gallon coated internally with	. Hole clean to 1729' GR. Dumped 500 gallons s 15% regular acid. Ran 5-1/2" tension packer plastic. Loaded annulus with inhibited water water injection 2-5-70. Well accepting 75 barr	on 2-3/8" tubing and set packer at
18. I hereby certify that the information a	above is true and complete to the best of my knowledge and belief.	
SIGNED & A Structure	Care Division Superintendent	DATE 2-12-70
APPROVED BY	Stamet TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

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