NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	RECEIVED	Supersedes Old C-102 and C-103
SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE /	FEB 1 2 1970	Control of the second of the s
LAND OFFICE	19/0	5a. Indicate Type of Lease State Fee X
OPERATOR /		5. State Oil & Gas Lease No.
	O. C. G. ARTESIA, DEFIDE	
SUND	RY NOTICES AND REPORTS ON WELLS	
USE "APPLICA	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT _** (FORM C-101) FOR SUCH PROPOSALS.)	
OIL X GAS WELL		7. Unit Agreement Name
2. Name of Operator	OTHER-	West Red Lake Unit
_ ·	field Company	West Red Lake Unit
3. Address of Operator	1222a Compony	9. Wel! No.
P. O. Box 197	8, Roswell, New Mexico 88201	3
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERC	660 FEET FROM THE North LINE AND 1980 FE	Red Lake-Grayburg S
İ		
THE WESL LINE, SECT	7 TOWNSHIP 18-S RANGE 27-E	_ NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	
	3314' DF	12. County Eddy
16. Check	Appropriate Box To Indicate Nature of Notice, Report	
		OUENT REPORT OF:
	33332	QUENT REPORT OF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANCONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER	OTHER	
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.		
•	•	
To prepare this	producing well for waterflood respo	nse, we propose
to perforate from 1044-47 and 1051-54 w/2 JSPF and treat w/500 gallons		
15% HCl acid followed by 12,000 gallons slick fresh water containing		
12,000# of 20/40 sand. Work will start about 3/5/70.		
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
00 84		
SIGNED U. C. MOTOR	Dist. Drlg. Superv	isor DATE 2-10-70
2		
1100	nesset OIL AND GAS INSPECTOR	in the second
APPROVED BY WE 41	TITLE VIL AND GAS INSPECTION	DATE

CONDITIONS OF APPROVAL, IF ANY: