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NEW MEXICO OIL CONSERVATION COMMISSION

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

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 -" (FCRM C-101) FOR SUCH PROPOSALS.)		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injector		5. State Oil & Gas Lease No. E-1285
2. Name of Operator DEPCO, Inc.		7. Unit Agreement Name Artesia Unit
3. Address of Operator 800 Central, Odessa, Texas 79761		8. Farm or Lease Name
4. Location of Well UNIT LETTER E 2316 330 FEET FROM THE West LINE AND 2310 FEET FROM THE North LINE, SECTION 2 TOWNSHIP 18s RANGE 28e NMPM.		9. Well No. 49
15. Elevation (Show whether DF, RT, GR, etc.)		10. Field and Pool, or Wildcat Artesia
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>		12. County Eddy
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.		

DEPCO, intends to clean out to 2506, then perforate w/4SPF @ 2230-40', 2302-08', 2350'-54 , 2368-74', and frac w/18,000 gal. and 36,000# sn. in six stages. set pkr. above perf. and commence injector.
assume injection

RECEIVED
FEB 6 1978
O. C. C.
ARTESIA, OFFICE

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <i>Leon Standard</i>	Leon Standard	TITLE Engineer Aid
		DATE 2-1-78
APPROVED BY <i>W. A. G. G.</i>	TITLE SUPERVISOR, DISTRICT II	
		DATE FEB - 7 1978
CONDITIONS OF APPROVAL, IF ANY:		