NO. OF COPIES RECEIVED			_
	•	8555	Form C-103 Supersedes Old
SANTA FE /	NEW MEXICO OIL COME	RECEIVED ERVATION COMMISSION	C-102 and C-103
FILE /	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		SEP 1 3 1971	5a. Indicate Type of Lease
LAND OFFICE		OEI 1919/1	State Y Fee
OPERATOR /		<b>5</b>	5, State Oil & Gas Lease No.
<u> </u>		O. C. C.	647
SUNDRY NOTICES AND REPORTS ON WELLS			ammanitum)
(DO NOT USE THIS FORM FOR PRO	I NO IICLS AND REFORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG B ON FOR PERMIT - " (FORM C-101) FOR SUC	ACK TO A DIFFERENT RESERVAN	
1			7. Unit Agreement Name
OIL GAS WELL	OTHER Injection		
2. Name of Operator			8. Farm or Lease Name
DEPCO. Inc. V			State 647 Ac 713
3, Address of Operator			9. Well No.
800 Central, Odessa, Texas 79760			123
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER J . 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM			Artesia &-G-SA
THE East LINE, SECTIO	n 14 TOWNSHIP 18-S	RANGE 28-E NMPM	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
<u>Öllilililili</u>	3568 GR		Eddy (\\\\\\\\
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT 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	-
	<u></u>	OTHER Shut-in	<u>X</u> ]
OTHER	L		
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.			
Injection in this well terminated 10-9-70. Well presently shut-in.			
Injection in this well terminated 10-3-70. Well presently shat-in.			
		•	
		•	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
D. R.	Mason Title C	hief Clerk	DATE 9-10-71
SIGNOIC VILLE	Masoli TITLE C.		DATE
11 -11			SEP 13 1971
APPROVED BY W. C. Sian	SEE TITLE	AL AND GAS INSPECTOR	SEP 19/1
<del>-</del>			

CONDITIONS OF APPROVAL, IF ANY: