	1		Form C-103
NO. OF COPIES RECEIVED	-		Supersedes Old
DISTRIBUTION	RE EWENEXICO OIL CONSE		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSE	RVATION COMMISSION	Effective 1-1-65
FILE			5a. Indicate Type of Lease
U.S.G.S.	JUI. 1 5 1971		State X Fee.
LAND OFFICE			5. State Oil & Gas Lease No.
OPERATOR			647
	ARTESIA, OFFICE		
SUNDE	RY NOTICES AND REPORTS ON V OPOSALS TO DRILL OR TO DEEPEN OR PLUG BAL TION FOR PERMIT - " (FORM C-101) FOR SUCH	KELLS	$\land \land $
	(ION FOR PERMIT -** (FORM C-101) FOR SUCH	PROPOSALS.)	7. Unit Agreement Name
	OTHER- Injection		
2. Name of Operator	LIJECLIOII		8. Farm or Lease Name
1			State 647 Ac 711
DEPCO, Inc.			9. Well No.
			100
800 Central, Olessa, Texas 79760			10. Field and Pool, or Wildcat
4. Location of Well A	330 FEET FROM THE North	990 FEET FROM	Artesia
UNIT LETTER,,	FEET FROM THE	LINE AND FEET FROM	
East	10N 27 TOWNSHIP 18-S	BANGE 28-E NMPM.	$\boldsymbol{\forall}$
THELINE, SECT	10N 4 / TOWNSHIP 40 0	RANGE NMP MI	
	15. Elevation (Show whether I	DF, RT, GR, etc.)	12. County
	3571 GR		Eddy
	Appropriate Box To Indicate Na	ature of Notice, Report or Ot	her Data
	INTENTION TO:	SUBSEQUEN	T REPORT OF:
NOTICE OF 1			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
	—	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING		OTHER CONVERT TO IN	njection X
0THER			
17. Describe Proposed or Completed (	Operations (Clearly state all pertinent deta	uils, and give pertinent dates, including	g estimated dute of starting any proposed
work) SEE RULE 1103.			

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Ran 90 jts 2 3/8", 4.70#, J-55, 8rd plastic lined tubing & Johnston 101-S Tension Packer set at 2703. 5-26-71

Commenced water injection at approximately 200 BWPD. As per commission 5-27-71 order R-4027.

18. I hereby certify that the information above is true and complet	e to the best of my knowledge and belief.	
SYGNED Marron. R. Mason	TITLE Chief Clerk	DATE 6-11-71
APPROVED BY W. A. Gressett	TITLE OIL AND GAS INSPECTOR	DATE JUN 1 5 1971

CONDITIONS OF APPROVAL, IF ANY: