Submit 3 Copies to Appropriate District Office

State of New Mexico E 3y, Minerals and Natural Resources Departmen

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

5. Indicate Type of	Leese STATE X	FEE
WELL ART NO.	W	
Land Office		
1000		

- DATE -

Form C-103

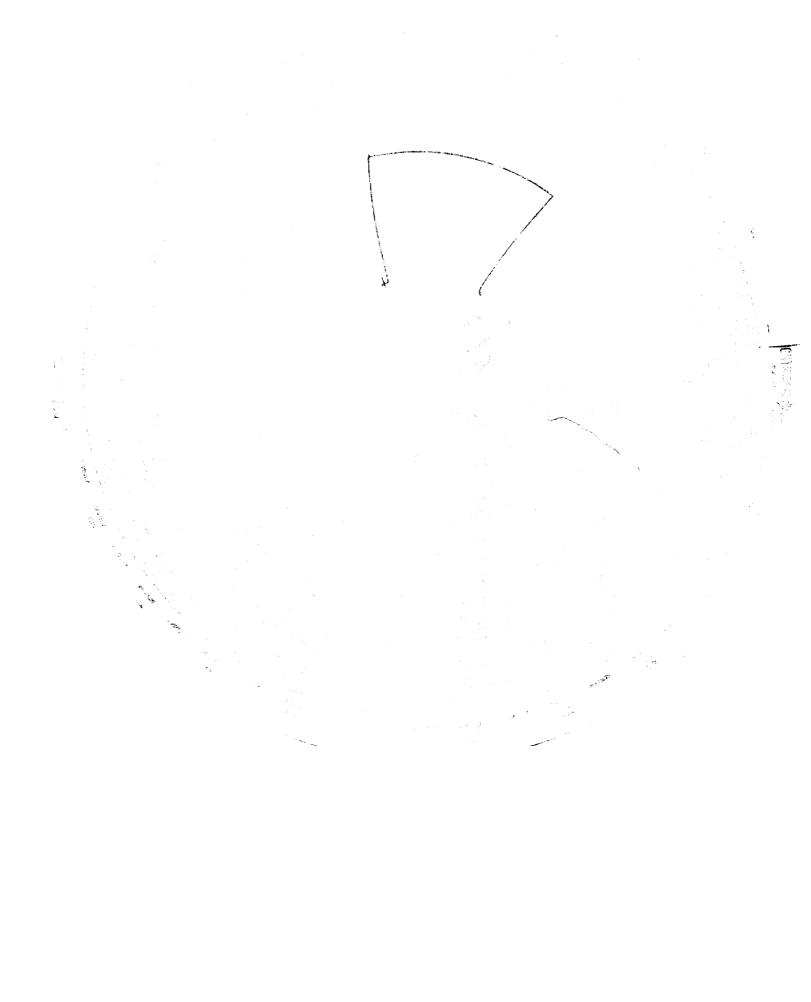
Santa Fe Fije

BLM

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210				
		5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. 647	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. (FORM C-101) F	USE "APPLICATION FOR PER	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL	TTI.			
2. Name of Operator	OTHER WIW	JUN 21 '89	Artesia Unit 8. Well No.	
DEKALB Energy Company 🗸	<i>'</i>		61	
3. Address of Operator	707/4	O. C. D .	9. Pool name or Wildcat	
800 Central, Odessa, Texas 4. Well Location	/9/61	ARTESIA, OFFICE	Artesia (Q, Gbr, SA)	
Unit Letter 0 : 660 Fe	eet From The South	Line and2310	Feet From TheEast Line	
Section 3			IMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3641 GR				
11. Check Appro	opriate Box to Indicate N	ature of Notice, Re	port, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST A		CASING TEST AND CEN	MENT JOB	
OTHER:		OTHER: Csg Sqz & Test X		
Describe Proposed or Completed Operations (Cowork) SEE RULE 1103.	learly state all pertinent details, and	give pertinent dates, includi	ing estimated date of starting any proposed	
6-7-89: Test csg from 2364' to 1650' w/RBP & pkr @ 500#. Held OK.				
6-8-89: Test csg from 16 sqz leak w/75 sx		leak from 165' 1	to sfs. Set BP @ 300' &	
6-10-89: RIH w/bit, tag cr	mt @ 75' & drld cmt	to 300'. Test	sqz @ 500#. Held OK.	
6-11-89: Had to drill out 30 min. Held OK	BP & scrape csg. Return to inject		tested csg to 550# for	
I hereby certify that the information above is true and con	nplete to the best of my knowledge and b	elia.		
SIGNATURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	тп.	Chief Product	tion Clerk DATE 6-20-89	
TYPEOR PRINT NAME R. L. Denney			TELEPHONE NO. (915)337-153	
(This space for State Use) ORIGINAL S			JUN 2 3 1989	

CONDITIONS OF APPROVAL, IF ANY:

SUPERVISOR DISTRICT II mu.



A,30 pm arteria unick #1; Remped by O.K. Hap sip Hade Smith Danny Hakter