NO. OF COPIES RECEIVED	<u> </u>	,
DISTRIBUTION		
SANTAFE	\perp \perp	$\perp \angle$
FILE	11	/
U.S.G.S.	⊥'-	<u> </u>
LAND OFFICE		
OPERATOR	1	

Form C-103

DISTRIBUTION		RECEIVED)	Supersedes Old C-102 and C-103
SANTA FE	NEWM	EXICO OIL CONSERVA	ATION COMMISSION	Effective 1-1-65
FILE		OCT 1 4 198	ลบ	5a. Indicate Type of Lease
U.S.G.S.		001 14 136)()	State X Fee
LAND OFFICE		O. C. D.		5. State Oil & Gas Lease No.
OPERATOR		ARTESIA, OFFIC	' C	NM 647
(DO NOT USE THIS FORM USE "A	SUNDRY NOTICES AN FOR PROPOSALS TO DRILL OR PPLICATION FOR PERMIT - " (D REPORTS ON WELL TO DEEPEN OF PLUG BACK T FORM C-101) FOR SUCH PRO	LS O A DIFFERENT RESERVOIR. DPOSALS.)	
1.	`			7. Unit Agreement Name
OIL GAS WELL WELL	OTHER+	ATER INJECTIO	N WELL	
			8. Farm or Lease Name	
BOYD OPERAL	ING COMPANY 🗸			ROTARY STATE
3. Address of Operator				9. Well No.
P. O. Box 1756, Roswell, New Mexico 8820l			8	
4. Location of Well		N	1330	10. Field and Pool, or Wildcat
J	2650		INE AND FEET FR	Art. Qn. Gb., S.A.
	20	185	28E	
E		,	RANGENM	PM. (
THEEIN	<u> </u>			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County	
3596 G.L.			Eddy	
16. (heck Appropriate Bo	x To Indicate Natu	re of Notice, Report or (Other Data
	OF INTENTION TO:	1	SUBSEQUE	INT REPORT OF:
	PI	UG AND ABANDON X	MEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK		i i	MMENCE DRILLING OPNS.	PLUG AND ABANDONMENT L.
TEMPORARILY ABANDON	сн	ANGE PLANS CA	SING TEST AND CEMENT JOB	
PULL OR ALTER CASING			OTHER	

- 17. Describe Froposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
 - 8 5/8" @ 526'. 4 1/2" @ 2475', Top Perforations 2000-2022.
 - Set retainer and squeeze perforations.
 - Cut off 41/2" @ + or 1600. Spot 35 sack plug over stub.
 - Spot 35 sack plug from 900'-1000' (7 Rivers).
 - Spot 35 sack plug from 4751 to 5751.
 - Feel plug.
 - Spot 10 sack plug and marker at surface.
 - Clean up location.

E. I hereby certify that the information above is true and com	niete to the be	st of my knowledge and belief.		
E. I hereby certify that the information above is true and com-		Operator	DATE	10/10/80
PPROVED BY W. a. Gressett	TITLE	SUPERVISOR, DISTRICT II	_ DATE	OCT 1 6 1980
ONDITIONS OF APPROVAL, IF ANY:	_	Notify N.M.O.C.C. in sufficient time to witness		