N OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION	WITH VENICO OF CONCEDIVATION COUNTS ION	C-102 and C-103
SAN A FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.		m State X Fee
LAND OFFICE		5, State Oil & Gas Lease No.
OPERATOR //	J	
		THIMINITING TO SEE
SUNDS (DO NOT USE THIS FORM FOR PR USE **APPLICAT	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. FION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	7, Unit Agreement Name
OIL GAS WELL	OTHER- Injector	Artesia Unit
DE PCO, Inc.		
. Address of Operator		9. Well No.
800 Central, Od	essa, Texas 79761	67
4. Location of Well		10. Field and Pool, or Wildcat
K	2200 FEET FROM THE South LINE AND 2200 FEET FR	Artesia
THE West LINE, SECT	ION3TOWNSHIP18SRANGE28eNMF	··· (
mmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3657 GR.	Eddy
	Appropriate Box To Indicate Nature of Notice, Report or C	Other Data
NOTICE OF I	INTENTION TO: SUBSEQUE	NT REPORT OF:
		L-1
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	C1
	OTHER	
OTHER		
		line antimated date of starting any proposed
17. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent dates, includ	ting estimated date of stating any proposed
WOIN) SEE NOCE 1.00.		
2382-90, 2410-1	to check TD; then perforate 4 SPF @ 2144-48', 2 16', 2424-36', and frac with 24,000 gal. and 48 perfs and commence injection.	2152-60', 2265-69', 2328-34 3,000# sn. in six stages.
		RECEIVED
		I W W L I V E D
	-	FEB 6 1978
		D. C. C. Artesia, office
10. The shu comify that the informati	ion above is true and complete to the best of my knowledge and belief.	<u> </u>
18. I hereby certify that the informati	2	
SIGNED SIANS	Leon Standard TITLE Engineer Assistant	DATE 2-1-78
11100	SUPERVISOR, DISTRICT II	FEB - 7 1978
1 W.Cl 2	resset TITLE SUPERVISOR, DISTRICT IN	DATE

CONDITIONS OF APPROVAL, IF ANY:

Form C-103