N OF COPIES RECEIVED		RECEIV-C	Form C-103
DISTRIBUTION		RED	Supersedes Ol d C-102 and C-103
SANTAFE	NEW MEXICO OIL COM	SERVATION COMMISSION 070	Effective 1-1-65
FILE /		NAY 29 1978	
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE		O. C. C.	State X Fee.
OPERATOR /		ARTESIA, OFFICE	5. State Oil & Gas Lease No.
	WHOTIOTS AND DEDOUTS C		
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REPORTS OF PLOSALS TO DAIL OR TO DEEPEN OR PLUION FOR PERMIT -" (FORM C-101) FOR S	JN WELLS G BACK TO A DIFFERENT RESERVOIR. SUCH PROPOSALS.)	7, Unit Agreement Name
OIL GAS WELL 2. Name of Operator	OTHER. Injector		Artesia Unit
DEPCO, Inc.			artiscalenix
3. Address of Operator			9. Well No.
800 Central, Odess	sa, Texas 79761		67
4. Location of Well	2200	2200	
UNIT LETTER	ZZUU FEET FROM THE	th LINE AND 2200 FEET F	AT LESTS
West	3 15	Rs 28e	
THELINE, SECTION	ON TOWNSHIP	BS RANGE 28e NA	APM. ()
	15. Elevation (Show wheth	her DF, RT, GR, etc.)	12. County
	3657 GR.		Eddy
16. Check	Appropriate Box To Indicate	Nature of Notice, Report or	Other Data
	NTENTION TO:		ENT REPORT OF:
	_		()
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	ſ	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	
•	Ī	OTHER	
OTHER			
17. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent	details, and give pertinent dates, inclu	ding estimated date of starting any proposed
4.1,			
4-18-78 Backflowed well			
			382-90',2410-16',2424-36'.
	00 gal. and 48,000# Sn		
			l'. Filled tubing casing
annulas with to	reated water. Commence	ed water injection.	
18. I hereby certify that the informatio	n above is true and complete to the b	est of my knowledge and belief.	
0000	<i>1</i>		
SIGNED FROM Standard	Leon Standard	Engineer Assn.	DATE 5-26-78
	// ,		
11/12	fresset	SUPERVISOR, DISTRICT II	MAY 3 1 1978
APPROVED BY / C A//I/			

CONDITIONS OF APPROVAL, IF ANY: