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Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office  District 1  1635 N. French Dr. Hobbs NM 88240  WELL AF	Revised March 25, 1999
District II	30-015-25271
811 South First, Artesia, NM 88210  OIL CONSERVATION DIVISION  Indicat	e Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Sonto Fo NM 8750300	ATE FEE X
District IV 2040 South Pacheco, Santa Fe, NM 87505  Salita Te, NN o South ElVED ARTESTA	Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS 47. Lease 1	Name or Unit Agreement Name:
PROPUSALS.)	sia SWD
1. Type of Well: Oil Well Gas Well Other Water Disposal  8. Well N	
2. Name of Operator GPM Gas Services Conpany  8. Well N	lo.
	ame or Wildcat 96/27
P.O. Box 50020 Midland, 1X 19710-0020 Actor	a till Acea
4. Well Location SωΩ:	San Andres-Glorieta
Unit Letter 0: 330 feet from the south line and 2310	feet from the <u>east</u> line
Section 7 Township 185 Range 202 NMPM	County Eddy
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or	Other Data NT REPORT OF:
NOTICE OF INTENTION TO: SUBSEQUEN PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
	NS. M PLUG AND
	ABANDONMENT
PULL OR ALTER CASING	
OTHER: OTHER:	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinet of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore or recompilation. On June 26, 2000 the well was acidized with the standard of acidiz	diagram of proposed completion
20% HCL and 1350 16 salt in 4 stages down 2 7/8" treating rate was 2.6 bpm at an average treating &	ressure of
and the state water and me	aximum = aximum
pressure was 1013 psig. Shutin tubing pressure 15 min completion of injection was 454 psig. the well was	nutes after
pressure was loss psig. Shutin tust of the well was	returned to
completion of injection was is pro-	
injection on completion of the job.	00 psig.
prior to the job injection rate was 800-900 bpd at 6 After the job injection rate was 1600 bpd at 5	vopsig.
I hereby certify that the information above is true and complete to the best of my knowledge and beli	ef.
SIGNATURE Level V Dew TITLE Project Development E	
<del></del> -	Cais)
Type or print name Kevin V Don	Telephone No. 620 - 4052
(This space for State use)	
APPPROVED BY MDO STARRIGHT TITLE FIELD REP. I	DATE 10/27/2000