Submit 3 Copies to Appropriate District Office	State of New Me Energ linerals and Natural Re		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208	8	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESEF (FORM C	CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEF -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL A WELL	OTHER		South Loco Hills Waterflood
2. Name of Operator Yates Drilling Comp	anv	JUL - 1.'94	8. Well No. 29
3. Address of Operator		O. C. D.	9. Pool name or Wildcat Loco Hills-Qn-GRB-SA
4. Well Location Unit Letter:13	10 Feet From The South		0 Feet From The East Line
Section 19	Township 18S Ray 10. Elevation (Show whether a		NMPM Eddy County
11. Check NOTICE OF IN	Appropriate Box to Indicate N FENTION TO:	. ,	eport, or Other Data SEQUENT REPORT OF:
		REMEDIAL WORK	
	CHANGE PLANS		
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER: Convert to Water	Injection Well X	OTHER:	·

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

We propose to convert the subject well from a pumping well back to a water injection well. Administrative Order WFX-640 approved the original conversion of this well to injection February 1, 1993. In June, 1993 the well was hydraulically fractured and converted from injection to a pumping well (See attached sundry). Well configuration and pressures will be in accordance with the C-108 dated January 7, 1993 and Order WFX-640. Approval of this proposal is respectfully requested.

I hereby certify that the information above is true and complete to the t SIONATURE	est of my knowledge and belief. Engineer	DATE6-29-94
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
APPROVED BY	me	DATE
CONDITIONS OF APPROVAL, IF ANY:		
The survey of the second second	W. Carl	