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h			Form C-103 Supersedes Old
			C-102 and C-103
SANTA FE	NEW MEXICO	FICE	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
		······	E-7644
(DO NOT USE THIS FORM FOR PROPOSA	NOTICES AND REPORTS ON ALS TO DRILL OR TO DEEPEN OR PLUG BA FOR PERMIT (FORM C-101) FOR SUCI	ACK TA A DIFFERENT RESERVAD	
[1		· · · · · · · · · · · · · · · · · · ·	7. Unit Agreement Name
OIL X GAS WELL	OTHER-		•
2. Name of Operator			8. Farm or Lease Name
JOHN A. YATES			MADY TOU
3. Address of Operator			MARY LOU 9. Well No.
207 C Boundth Mot	on Duilding Juton	d - N M 00030	
4. Location of Well	es Building, Artes	1a, N.M. 88210	10. Field and Pool, or Wildcat
UNIT LETTER H,65	U FEET FROM THE NOTTH	LINE AND <u>330</u> FEET FROM	- Fast Millman, 7. R.
THE <u>East</u> line, section <u>29</u> township <u>195</u> , range <u>28E</u> , nmpm.			Δ
Λ	15. Elevation (Show whether .	DF, RT, GR, etc.)	12. County
$\underline{\mathbf{v}}$	///		Eddy
^{16.} Check App	propriate Box To Indicate N	ature of Notice, Report or Ot	her Data
NOTICE OF INTE		-	T REPORT OF:
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	
	г—¬	OTHER	
OTHER	L L		

17. 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.

In accordance with Order No. R-3841 of the Oil Conservation Commission, converted this well to a water injection well by setting 2 inch tubing, on tension packer at 1050 feet, filled annulus with inhibited fresh water. On October 16 began injecting water through tubing by gravity.

flyke 1069 - 100

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Mala Cardon	TITLE Bookkeeper	DATE 10-23-69
APPROVED BY J. J. Stam of	TITLE	DATE 0010-000

CONDITIONS OF APPROVAL, IF ANY: