

CIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fed

5. State Oil & Gas Lease No.
2000000000

1. Sundry Notices and Reports on Wells

(DO NOT USE THIS FORM FOR REPORTS OF OIL OR GAS PRODUCTION OR OTHER DATA. USE APPROPRIATE FORMS FOR SUCH DATA. USE THIS SPACE FOR A DIFFERENT REFERENCE. USE THIS SPACE FOR REPORTS OF OIL OR GAS PRODUCTION OR OTHER DATA.)

6. OIL WELL GAS WELL OTHER: Water Injection Well

7. Unit Agreement Name

8. Name of Operator
Apollo Energy, Inc.

9. Farm or Lease Name
Amco Federal

10. Address of Operator
P. O. Box 5315, Hobbs, New Mexico 88241

11. Well No.
8

12. Location of Well

UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE. SECTION 33 TOWNSHIP 8S RANGE 30E NAME

13. Field and Name of Well
Cato San Andres

14. Elevation of Well (Feet) 4127' DF

15. County
Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

16. 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.)

Apollo Energy, Inc., plans to have a workover unit on this well the week of July 5 - July 10, 1984, to correct problems as instructed by the NMOCD letter dated June 28, 1984. Tubing and packer will be pulled and repair work will be done as necessary.

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

SIGNED *Robert E. Mack* TITLE President DATE July 3, 1984

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL - 5 1984

CONDITIONS OF APPROVAL, IF ANY: