NO. OF COPIES RECEIVED	3		1	RECEIVED		Form C-103		
DISTRIBUTION			•	· ·	- 1 7 2 0	Supersedes Ol C-102 and C-1		
SANTA FE	17		NEW MEXICO	Effective 1-1-65				
FILE	1	1		NOV 1	2 0 1969			
U.S.G.S.	1			,,,,,,		5a. Indicate Type		
LAND OFFICE				Ο.	C. C.	State	Fee X	
OPERATOR	1				A, DFFICE	5. State Oil & Gas	; Lease No.	
	•					······································	······································	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)								
1						7. Unit Agreemen	i	
OIL X GAS WELL OTHER-							Andres Unit	
2. Name of Operator						8. Farm or Lease	Name	
Kewanee Oil Company						Tract 11		
3. Address of Operator							9. Well No.	
P. O. Box 3786, Odessa, Texas 79760							1	
4. Location of Well						10. Field and Pool, or Wildcat		
N 990 South 1650						м		
UNIT LETTER N , 970 FEET FROM THE BOREN LINE AND FEET FROM								
THE West LINE, SECTION 12 TOWNSHIP 18S RANGE 26E NMPM								
15. Elevation (Show whether DF, RT, GR, etc.)						12. County	MIIIIII	
3298' GR						Eddy		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								
NOTI	CE	OF IN	TENTION TO:		SOBSEQUEN	II REPORT OF.		
_	_			[]		ALTER	ING CASING	
PERFORM REMEDIAL WORK	_		PLUG AND A	BANDON	REMEDIAL WORK		ND ABANDONMENT	
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.						PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING			CHANGE PLA	NS	CASING TEST AND CEMENT JQB			
	_ **	_ &	Tadaatdan Wall	<u></u>	OTHER			
OTHER CONVERT T	:0 W	ater	Injection Well	X				
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 1 103.								
Cat tonaton no	icke oad	r at annu	approximately l lus with inhibit	.620' on ed water	o' and wash hole down wi 2-3/8" O.D. tubing coar c. Start fresh water in mence on or about 1-1-	red internal. njection dow	TA MICH	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
	_							
47 6	/	/	20.52	D4	vision Superintendent	DATE 11-	18-69	
SIGNED D / BALLANCE								
2.1	P	G	1000	a	e vije such dan her	NOV	21 1969	
APPROVED BY U.	11.	~~	wallo	TITLE		DATE		