NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSE	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65	
U.S.G.S.		•	5a. Indicate Type of Lease
LAND OFF CE	· · · · ·	:	State Fee, X
OPERATOR	j		5. State Oil & Gas Lease No.
SUNDE (DO NOT USE THIS FORM FOR PRI USE "APPLICAT	RY NOTICES AND REPORTS ON DECASES TO DRILL OR TO DEEPEN OR PLUG BA	WELLS (ck to a different reservoir. 4 proposals.)	
1.	7. Unit Agreement Name		
OIL GAS WELL WELL	Milnesand Waterflood		
2. Name of Operator	8. Farm or Lease Name		
UNION TEXAS PETROLEUM	Milnesand Unit		
3. Address of Operator			9. Well No.
1300 Wilco Building, N	520		
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER P	990 FEET FROM THE South	LINE AND 330 FEET	FROM Milnesand (San Andres)
THE East LINE, SECTI	Township 8-S		MPM.
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	4224.6'	GL	Roosevelt
	Appropriate Box To Indicate N		TOther Data JENT REPORT OF:
NOTICE OF I	NTENTION TO:	20121240	
PERFORM REVEDIAL 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	
other <u>*</u> Convert to Wate	er Injection Well	OTHER	

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.

1. Pull 2 3/8" tubing, inspect and plastic coat internally.

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- 2. Run plastic coated tubing w/Injection Packer set @ approximately 4500'.
- 3. Treat injection zone w/approximately 1000 Gal. clean sweep.
- 4. Place on water injection.

* Case No. 4140, Order No. R-3770 authorizes use of this well for water injection Well formerly designated as Sun DX - N. M. Federal "F" #20.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNED_KIManrey	District Oper. Supt. Western	DATE_	July 19, 1971		
APPROVED BY JEStic / - Semints	OIL & GAS INSPECTOR	DATE _	JUL 21 1971		

CONDITIONS OF APPROVAL, IF ANY:

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