## Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, N rais and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30-041-20047
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. E 8948
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.)	7. Lease Name or Unit Agreement Name  Todd Lower San Andres Unit Sec. 3
1. Type of Well: OIL OAS WELL WELL OTHER	Todd Lower San Andres Unit 200
2. Name of Operator PLAINS PETROLEUM OPERATING COMPANY	8. Well No.
3. Address of Operator 415 W. Wall, Suite 2110 Midland, Texas 79701	9. Pool name or Wildcat Todd Lower San Andres Assoc.
4. Well Location  Unit Letter A: 460 Feet From The North Line and 660	Feet From The East Line
	NMFM Roosevelt County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  TEMPORARII Y ARANDON CHANGE PLANS COMMENCE DRILLIN	ALTERING CASING U
Convert to WIW	SEMENT 308 L
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc. work) SEE RULE 1103.	uding estimated date of starting any proposed
Pursuant to approval from OCD  Plains plans to convert this well to active injection stat  program at the Todd Lower San Andres Unit.	us for the waterflood development
Rig up pulling unit, pick up injection tubing and packer, uppermost P2 zone perforations, load annulus with inert pa 300 psi and hold for 30 minutes.	set packer within 100 feet of acker fluid & pressure test to
Convert TA well to active WIW	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  Engineer:	ing Tech June 8,1990
SIGNATURE SOLVEN SIGNATURE TITLE	DATE
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use) Orig. Signed by Paul Kautz	JUN 1 3 1990
APPROVED BY Geologist TITLE	DATE -