OF COPIES RECEIV	/ED					Form C-103	
DISTRIBUTION						Supersedes C C+102 and C+	
SANTAFE		NE	W MEXICO OIL CONS	SERVATION CO	MMISSION	Effective 1-1-	
FILE]					
U.S.G.S.						5a. Indicate Type	of Lease
LAND OFFICE]				State State	Fee.
OPERATOR]				5. State Oil & Go	ıs Lease No.
		-				E-7659	****
(DO NOT USE T	SUNDE	Y NOTICES	AND REPORTS ON L OR TO DEEPEN OR PLUG -" (FORM C-101) FOR SU	WELLS	NT RESERVOIR.		
1.						7. Unit Agreemer	nt Name
OIL	GAS WELL	OTHER-	ATER INJECTION	WELL		ROCK QUEEN	UNIT 23
2. Name of Operator						8, Farm or Lease Name	
GREAT WEST	ERN DRILL	ING COMPAN	T			TRACT NO.	33
3. Address of Operator						9. Well No.	
BOX 1659	MT DEAMD	TX 79701				29-14	
4. Location of Well						10. Field and Pa	ol, or Wildcat
	M	660	FROM THE	1	1980	CAPROCK C	ween
UNIT LETTER		FEET	FROM THE	LINE AND	FEET FROM	minni,	anni anni anni
THE WEST	LINE, SECT!	on 23	TOWNSHIP	3-S RANGE	31-B		
mmm	umm.	15.	Elevation (Show whether	DF, RT, GR, etc.	.)	12, County	7//////////
			GR 4413'			CHAVES	
16.	<u> </u>	<u> </u>	D . T . I . I 1		D	1 D	
			Box To Indicate 1	Nature of Noti	-		
N	OTICE OF I	ATENTION T	0:		SUBSEQUEN	T REPORT OF:	
PERFORM REMEDIAL WO	RK		PLUG AND ABANDON	REMEDIAL WORK	Ħ		RING CASING
TEMPORARILY ABANDON	<u>**</u>		[]	COMMENCE DRIL		PLUG .	AND ABANDONMENT
PULL OR ALTER CASING			CHANGE PLANS	CASING TEST AND	CEMENT JOB		<u> </u>
				OTHER			
OTHER							
17 Describe Proposed	or Completed O	perations (Clear	ly state all pertinent des	tails, and give per	tinent dates, includin	g estimated date of	starting any proposed
B. Tempor	rery aband ter which	onment Wa was not ec	May of 1972. Is due to offsetonomical to pr	roduce.	e cutting hig		
C. Future	a plens e	Le fo Lea	luste well for	injection	. If well is	not placed	m injection,
1	then a stu	ay will be	made for a to	ertiary flo	J Q.		
		_		- 4- 1070			
D. Approx	rimate dat	e IOL LEAS	elusting will b	M 18 17/3.			
				/ .			
			es 10/		_		
		while	pa 101	11/76	,		
	\subset	MI		/ / /			
	 -		/	•			
18 I hereby certify the	at the information	above is true a	and complete to the best	of my knowledge	and belief.		
I noteby certify the							
1211	13/		1	ASST. CHIEF	ENGINEER	10	-4-74
SIGNED	uppe		TITLE			DATE	
		Original Stane					
		Joe D. Ra	meg				
APPROVED BY		— Dist. I, Sı	nb4 tille	<u></u>		DATE	

CONDITIONS OF APPROVAL, IF ANY: