NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Loan
LAND OFFICE		State _ Foo _
OPERATOR	•	5. State Oil & Cas Lease No.
		LC-029405A
SUNDRY	Y NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROP USE "APPLICATION	POSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER. Injection Well-Water	MICA West
2. Name of Operator	O Justine State	8. Form or Lease Name
(anoce	2 mr.	MCA Wait Bland
3. Address of Operator		9. Weil No.
40.430	4 460, Flable, h.m. 88260	48
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER H 19	80 Moth 660	Malian CASA
witter	AU PEET FROM THE AUTO LINE AND WWW. FEET FR	··· (11811111)
E at	N 20 TOWNSHIP 175 NAME 32E NAME	
THE LINE, SECTION	N TOWNSHIP RANGENMP	(
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		3.
io.	Annual Control of the	
	Appropriate Box To Indicate Nature of Notice, Report of C	
NOTICE OF IN	TENTION TO: SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL 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	- 1 - A
	OTHER Tellum h	injection . X
OTHER		U
17. Describe Proposed or Completed Ope	erations (Clearly state all pertinent details, and give pertinent dates, including	ing estimated date of starting any proposed
work) SEE RULE' 1 (03.		, , , , , ,
n_{I}	the the	Ada O
This is to	inform you that the.	regerenced
- 00	placed back on inje	etern)
well was	placed rack on unge	
	J	
7-29-88	/	
1 21-88,		
, J		
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information		6°- 3 - 65°
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief. TITLE Administrative Supervis	al DATE 5-3-88
18. I hereby certify that the information		AUG 0 5'88

CONDITIONS OF APPROVAL, IF ANY: