Form C-	103
Revised	1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		30-025-07934 sIndicate Type of Lea	ase	_	
DISTRICT III_ 1000 Rio Brazos Rd., Aztec, NM 87410			₀State Oil & Gas Lea	STATE FEE See No.	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7Lease Name or Uni S. CARTER (S/A	_	
Type of Well: OiL GAS WELL WELL OTHER Injection Well					
2Name of Operator GREAT WESTERN DRILLING CO)MPANY		sWell No. 303		
³ Address of Operator P.O. BOX 1659 MIDLAND, TX 79	9702		∘Pool name or Wildo SOUTH CARTI	at ER SAN ANDRES	
4Well Location Unit Letter D : 330	Feet From The NORTH	Line and990	Feet From The	WEST Line	
8 Section 18S	Township 39E F	Range	NMPM	LEA County	
	10 Elevation (Show whether DF, 173)	RKB, RT, GR, etc.)		Application of the second seco	
11 Check A _I	ppropriate Box to Indicate Na	ature of Notice, Re	port, or Other I	Data	
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT RE	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	\boxtimes	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS.	PLUG AND ANBANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEME	ENT JOB		
OTHER:		OTHER:			
12 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. RU BJ Services. Load & held 300 PSI on casing annulus. Pump 7,000 gal gel pad. Pumped 5 stages as follows: (1) 1,500 gal gel w/1 PPG 20/40 Brady Sand, (2) 1,000 gal gel w/2 PPG 20/40 Brady Sand, (3) 1,500 gal gel w/3 PPG 20/40 Brady Sand, (4) 1,900 gal gel w/5 PPG 20/40 Brady Sand, (5) 1,900 gal gel w/7 PPG Brady Sand. Flush with 25 bbls 2% KCL. Total fluid to recover 449 bbls. Rate 13.2 BPM. RD release BJ Services. Rig up to flow back to frac tank. Recovered 450 bbl fluid. No sand recovered. Hook up wellhead. Put well back on injection.					
I hereby certify that the information above is	s true and complete to the best of my knowled	dge and belief.	,		
SIGNATURE J Ma K L	<u>па</u> тг	PRODUCTION TE	CH	DATE 05-29-98	
TYPE OR PRINT NAME GINA KING	\cup			TELEPHONE NO. 915-682-5241	1
	ALC EL SUPELH VISUA	TLE		DATE OF)
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:					

