NO. OF COPIES RECEIVED	<u> </u>	Form C. 100
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The same of the sa	Effective 1-1-65
U.S.G.S.	1	5a. Indicate Type of Lease
LAND OFFICE		State Fee. X
OPERATOR	1	5. State Oil & Gas Lease No.
	.	5. State Off & Gds Ledse No.
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
•••	1017 FOR SOUN PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER-Salt Water Disposal Well	,, om rigreement nume
2. Name of Operator	Gait Hater Disposar Well	8. Farm or Lease Name
Rice Engineering	& Operating Inc	
3. Address of Operator	a operating, inc.	9. Well No.
P. O. Box 1142 H	obbe New Marica 88040	
4. Location of Well	obbs. New Mexico 88240	F-30
UNIT LETTER F . 23	10 Mart 1000	
UNIT LETTER,,	10 FEET FROM THE West LINE AND 1980 FEET	FROM Hobbs East San And
North	30 100 200	
LINE, SECTIO	on 30 township 18S RANGE 39E N	MPM. (
	15. Elevation (Show whether DF, RT, GR, etc.)	
		12. County
¹⁶ .	3615' DF	Lea
Check A	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF IN		ENT 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 JQB	<u> </u>
	OTHER	
OTHER	U	
17. Describe Proposed or Completed One	erations (Clearly state all pertinent details, and give pertinent dates, inclu	
	sections (assert) state are pertinent actuals, and give pertinent dates, inclu	ding estimated date of starting any proposed
3-5-69		
Re-entered, set bake	er C. I. bridge plug @ 5235' and perfo	rated 4" liner 4500
w/2 jet snots. Sque	ezea peris. @ 4500' w/100 sx. cmt. Wc	C 24 hrs. tested
squeeze to 1000 psi	for 30 minutes, no pressure drop.	
Selectively perforat	ted 4" liner from 5178-88', 5135-40' a	nd 5105=10! w/l iet
shot per foot. Trea	ated perforated intervals w/2500 gals.	15% rec acid Testos
peris. aiter treatme	ent. injection rate 26 BPH.	
Drilled out CIBP @ 5	235' and took max. inj. rate down ann	ulus at 66 RPH
Selectively treated	pert. interval 5980-6050' w/1500 gale	15% ren acid
interval 5243-61' w/	1500 gals. 15% reg. acid, interval 51	05-88! w/2000 asla
15% reg. acid.	Same/	00 00 W 2000 Gars.
Took max. ini. test	down casing © 71 BPH.	
3-12-69 Release work	over.	

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY

SIGNED B GCODIALART

TITLE DIVISION Manager

DATE MAR 2 4 1969

CONDITIONS OF APPROVAL, IF ANY: