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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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

This well appears on the NMOCD in-active well list. The report has last injection volume December 1998. The well is an active water injector. Corrected C-115's from 1997 through February 2001 have been sent to the NMOCD office. Fran Chavez (Santa Fe) office is correcting injection volumes for the NMOCD.

I hereby certify than the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Dry Coffra for I M. Sander	O TITLE Supervisor,	Regulation/Pro	c∙ DATE _	10/03/01
Type or print/name L. M. Sanders	_	T	elephone No.	(915) 368-1488
(This space for State use)		- , · · · · · · · · · · · · · · · · · ·		
APPROVED BYConditions of approval, if any:	TITLE		DATE	