U.S.O.S. State State F OPERATOR S. State OI & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS. S. State OI & Gas Lease No. (co not use this for more action for permit - " (form C101) F is such Proposals.) 7. Unit Agreement Name .	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSE	ERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 5a. Indicate Type of Lease
1. OTL GAS OTHER. Water Injection Well 7. Unit Agreement Name 2. Name of Operator 8. Farm or Lease Name 8. Farm or Lease Name 3. Address of Operator 9. Well No. 9. Well No. 3. Address of Operator 9. Well No. 117 4. Location of Well 10. Field and Pool, or Wildca 0. Unit Letter 1980 Feet FROM THE South THE East 1980 15. Elevation (Show whether DF, RT, GR, etc.) 12. County 31:78' GL Ice 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				State Fee. XX
3. Address of Operator 9. Well No. Box 670, Hobbs, New Mexico 38240 117 4. Location of Well 10. Field and Pool, or Wildca UNIT LETTER I 10. Field and Pool, or Wildca UNIT LETTER I 11. 1980 FEET FROM THE South UNIT LETTER I 11. East LINE, SECTION 12. County 13. Elevation (Show whether DF, RT, GR, etc.) 14. I. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	1. OIL GAS WELL 2. Name of Operator			Central Drinkard Unit
4. Location of Well UNIT LETTER I, 1980 FEET FROM THE South LINE AND 660 FEET FROM Drinkard THE East LINE, SECTION 29 TOWNSHIP 21-S RANGE 37-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	3. Address of Operator	xico 38240		
15. Elevation (Show whether DF, RT, GR, etc.) 12. County 3478' GL Izea 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	4. Location of Well UNIT LETTER , 19	80 FEET FROM THE South		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		15. Elevation (Show whether I	DF, RT, GR, etc.)	12. County
	Check A		-	
	TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	ALTERING CASING

17. 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.

6628' TD.

Flans have been made to plug back open hole interval 6628' to approximately 6550' with pea gravel and from 6550' to 6535' with Calseal. Squeeze 5" casing perforations 6504-14' with 50 sacks of Class H cement containing 1/4# Flocele, 5# Gilsonite and 5# of No. 3 plaster sand per sack and 50 sacks of Class H Teat containing .6% Halad 9 and 1/4# Flocele per sack. WOC 12 hours. Test squeezed perforations with a minimum of 500%. Clean out to approximately 6520'. Test with a minimum of 500%. Clean out to TD at 6628'. Run Baker Model R packer and 2-3/8" plastic coated tubing. Set packer at approximately 6480'. Resume injecting water.

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

SIGNED	C. D. BORLAND	TITLE	rea iroc	huction	Manager	DATE	anuary	2, 1969
APPROVED BY	AC APPROVAL, IF ANY:	TITLE _	⁷⁷ - 4	٩	• • Ē	DATE _		