NO. OF COPIES RECEIVED			Form C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION			Supersedes Old C-102 and C-103
			Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee V
OPERATOR			5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			7. Unit Agreement Name
OIL GAS WELL OTHER-INJ. Well			S. Eunice Unit
2. Name of Operator CONOCO INC.			S. Eunice Unit
3. Address of Operator P. O. Box 460, Hobbs, N.M. 88240			g, Well No.
4. Location of Well	10. Field and Pool, or Wildcat		
UNIT LETTER I 1980 FEET FROM THE SOUTH LINE AND 1660 FEET FROM			" S. Eunice 7 Ryrs. On.
THE East LINE	s, section 21 township 22	S RANGE 36E N	MPM.
	15. Elevation (Show wheth	er DF, RT, GR, etc.)	12. County
			Lea Milli
	heck Appropriate Box To Indicate OF INTENTION TO:		Other Data LENT REPORT OF:
	_	_	
PERFORM REMEDIAL WORK	PLUS AND ASANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ASANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
OTHER repair csg	leak	Z OTHER	
17. Describe Proposed or Comp. work) SEE RULE 1103.	leted Operations (Clearly state all pertinent of	letails, and give pertinent dates, incli	uding estimated date of starting any proposed
MIRU. Relphr. Set RBP@ 3595' & dump 1 sk sand on top. Isolate csg leak w/treating			
pkr. Poot w/pkr. Set cont ret @ 50' above esgleak. If leak is above 2617, pump			
pkr. Poot w/pkr. Set cont net & 30 above esquear. It rear is above and, pully			
16 sx/100 of hole depth of class C control of a Calla. Flush of a bots our partico			
hole depth. If leak is below 2617, pump 200 sxs class "C" cont w/2% CaCl2. Flush			
holk depth. It leak is below us by party and a to P as lest son 1 (200 as)			
W/ 5 bbl wtr per 100' tbg in hole. DO ret & cmt. Press test sqz to 500 psi. Resqz if necessary. Circ sand off RBP & rel. CO to 3810'. Set pkr@3593'. Pump			
Reser if necessary Circ sand off RBP & rel. (10 to 3810). Set pkr (23593). Tump			
12 bbts 15% HCL-NEFFE acid. Flush w/30 BTFW. Place well back on inj.			
Id bots 13 6 HOL-NETTE was. TIUSH W/ SU BITWITTALE WALL SWEET ST. III			
	`		
18. I hereby certify that the inf	ormation above is true and complete to the be	st of my knowledge and belief.	
1/ 0	1/1 //		
Kevin L.	Cael	Administrative Supervisor	DATE 8/21/85
DOSCINIES -	NOTE OF TRANSPORTER		T. C. C.
	signed by Jerry Spaton Trict Laupervalus		AUG 2 € 1985