NO. OF COPIES RECEIVED	1		Form C-103
	1		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSE	RVATION COMMISSION	Effective 1-1-65
FILE	1		
	1		5a. Indicate Type of Lease
			State Fee L
OPERATOR	1		5. State Oil & Gas Lease No.
SUNDI	RY NOTICES AND REPORTS ON	WELLS	
(DO NOT USE THIS FORM FOR PR USE "APPLICA"			
1.			7. Unit Agreement Name
OIL GAS WELL	OTHER. Inj. Well		South Eunice Unit
2. Name of Operator			8. Form or Lease Name
CONOCO INC.			South Eunice Unit
3. Address of Operator	Johns N.M. 88240		9. Well No.
P. O. Box 400, 1	10003, 1 1.111. 002-10		10. Field and Pool, or Wildcat
4. Location of Well			
NEW MEXICO OIL CONSERVATION COMMISSION  Superved Cord of Cord			T PROM S. FUDICE 7 RUTS. QU
THE EAST LINE SECT	10N <u>28</u> TOWNSHIP <u>22S</u>	RANGE 36E	NMPM. (((((()))))
	15. Elevation (Show whether I	)F, RT, GR, etc.)	
			Lea Milli
16. Check	Appropriate Box To Indicate N	ature of Notice, Report	or Other Data
		SUBSEC	QUENT REPORT OF:
		_	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CABING
TEMPORARILY ABANDON		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
	CHANGE PLANS	CASING TEST AND CEMENT JOB	
<del>_</del>		OTHER	
OTHER repair csq le	at		
•		3 - 1	aluding sestimated date of starting any prope
17. Describe Proposed or Completed (	perations (Clearly state all pertinent deta	its, and give pertinent dates, in	creating estimates taste of stations any prop-
•			
MIPH Polake S	et RBP @ 3460 & dum	o Isk sand on to	bp. Isolate csq.leak w/
TITRUS RESPRICE		+ = 50' share as	a leak Pinner 7 mays
treating pkr. PO	off w/pkr. Set committee	a. W JO above CS	a lean, lamp acc sks
close "C" cost w/	22 Cacia, Flush w/ &	. Isbl. woder per 19	00 that in hole or 2 bbl
1	les a la la la com	c Do set's and	at Press test say to 500
water per 100° of	ien csq above hole vvo	C. DO TEL QUI	11. 11. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
OSI RESOLUEDZE	if necessary. Circ sar	1 of RBP @ 346	20 & rel. (20 to 3000).
PSI: Nesqueez	il de lace in all least a	m .m.s	
Set pkr @ 3465	, & place well back o	n 1763-	
•		•	
	on shows is true and complete to the heat	of my knowledge and belief.	
18. I hereby certify that the informati	on above is true and complete to the best		
1.41.	( <i>1</i> )	Administrative Supervisor	DATE 8/21/85
SIGNED NOTA	TITLE		DATE OF COLUMN
	Company of the Compan		AUG 2 3 198
ORIGINAL SIG	jagis igin laterte SEATON Color of the color		70 0 0 10 to

CONDITIONS OF APPROVAL, IF ANY:

AUG 22 1985 HOBBS OFFICE