Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION	WELL ADIAGO		
,	P.O. Box 2088		WELL API NO. 30-025-09212 5. Indicate Type of Lease STATE X FEE		
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexic		co 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-229		
SUNDRY NOTI	CES AND REPORTS ON V	VELLS	111111111111111111111111111111111111111		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name		
1. Type of Well:	101) FOR SUCH PROPOSALS.)		Seven R	ivers Queen Ui	nit
OIL GAS WELL	oner Wate	er Injection			
2. Name of Operator			8. Weil No.	14	
ARCO OIL AND GAS COMP 3. Address of Operator	ANY		9. Pool name or		
P. O. Box 1610, Midla	nd, Texas 79702			Mattix 7 Rv	Qn GB
	Feet From TheNorth	Line and	Feet From	m The	Line
Section 2	Township 235	Range 36E	NMPM Lea		County
	10. Elevation (Show when 3497 GR	ther DF, RKB, RT, GR, etc.)			
11. Check A	Appropriate Box to Indica	te Nature of Notice, R	eport, or Othe		
NOTICE OF INT		SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS.	PLUG AND ABANDO	ONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
OTHER: OTHER: OTHER:			rt to WAter	Injection	x
w/5000 gals. Do cmt. Pres w/200 sx. WOO Press test w 3-22-90 RUPU. Ran 4½" Circ cmt. to so CIBP at 3500.	CA. Press test csg w Swab load. Isolat ss test w/no success C. Do cmt. press te /no success. set CI 11.6# J-55 liner t terf. WOC. Do cmt f/ CO to 3795. Ran Inj fluid. Press test	/nosuccess. Acid e holes in csg at . Isolate holes st w/no success. BP at 3500,RDPU. o 3440. cmt'd w/ 3357 to 3500. Prection equip. 2 3 csg to 600#. RDP	ize Queen p 408. Sqz in csg f/40 Re-sqz w/2 1-3-90. 100 sx 'C' ess. Test t /8 tbg & pk	erfs 3552-375 w/180 sx. WO 9-625. Sqz 50 sx. WOC. w/5% CFR-3. o 1000#. D o	7 C.
I hereby certify that the information above is true SIGNATURE Color Color	. (1	and belief. True Engr. Tech.		DATE 4-10-9	0
TYPEOR PRINT NAME Ken W. Gosn			/688-5672	TELEPHONE NO.	
(This space for State Use) CRICTION OF APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		TITLE		DA♠PR 1	3 19 90

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