	7		
NO. OF COPIES RECEIVED	4		Form C-103
DISTRIBUTION	_		Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.	1		5a. Indicate Type of Lease
LAND OFFICE	-		State T Fee
OPERATOR			5. State Oil & Gas Lease No.
			B 1506
(DO NOT USE THIS FORM FOR PRI USE "APPLICAT	RY NOTICES AND REPORTS ON	WELLS BACK TO A DIFFERENT RESERVOIR.	
			7. Unit Agreement Name
WELL WELL	OTHER- Salt Water Di	lsp osal	
2. Name of Operator			8. Farm or Lease Name
Albert Gackle			Sinclair A State
3. Address of Operator			9. Well No.
Box 2038, Hobbs, N. M. 58240			5
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER 1	.980 FEET FROM THE South	LINE AND 660 FEET FRO	Langlie-Mattix
THE East LINE, SECTION 23 TOWNSHIP 23 South RANGE 36 Eas t NMPM.			• (111111111111111111111111111111111111
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15. Elevation (Show whether	DE BT CD	
$\Delta () () () () () () () () () () () () () $			12. County
<u> </u>		9 DF	
Check	Appropriate Box To Indicate N	ature of Notice, Report or O	ther Data
NOTICE OF IN	NTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		Section 1 and the section of the	
		OTHER	Г Л
OTHERSalt Water D			

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.

After testing perforations from 3695'-99'; 3665'-68'; 3642'-48' and 3570'-78', this well was completed in 1962 in the Queen Dolomite w/perforations from 3548' to 3552'.

After perforations from 3543'-52', watered out, and Commission Order No. 3221 became effective, it was decided to complete the well as a disposal well by drilling out bridge plugs set at 3685', 3660', 3635' and 3565'. Running packer set at 3625' over 2-7/8" plastic lined tubing.

Well was connected to water disposal tank and is taking water on vacuum.

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

SIGNED CAPT Frank	TITLEOperator	DATE March 18, 1969
APPROVED BY APPROVAL, IF ANY	TITLE	DATE