## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| we. er torica accelect |     |   |
|------------------------|-----|---|
| DISTRIBUTION           | Ī   | i |
| SANTA FE               |     |   |
| FILE                   |     |   |
| U.\$.G.\$.             | 1   | İ |
| LAND OFFICE            |     |   |
| OPERATOR               | Ti- |   |

CONDITIONS OF APPROVAL, IF ANY!

## OIL CONSERVATION DIVISION

| DISTRIBUTION   | F                                | P. O. BOX 2088             |                                       |                | Form C-101                                       |                    |
|--|----------------------------------|----------------------------|---------------------------------------|----------------|--|--------------------|
| SANTA FE   | SANTA F                          | E, NEW MEXICO              | 87501                                 |                | Revised 10                                       | ) <b>-</b> 1 - 7 a |
| FILE   |                                  |                            |                                       | Sa Indicate    | Type of Lease                                    |                    |
| U.S.G.S.   |                                  |                            |                                       | State X        |  | $\overline{}$      |
| OPERATOR   | _                                |                            |                                       |                |  | <u> </u>           |
|  | ·····                            |                            |                                       | 1              | Gas Lease No.<br>934                             |                    |
|  | Y NOTICES AND REPO               | OR PLUG BACK TO A DIFFER   | SENT RESERVATE                        |                | MITTE  |                    |
| USE MAPPLICATI   | ON FOR PERMIT -" (FORM C-10      | 1) FOR SUCH PROPOSALS.)    |                                       | 7. Unit Agree  | ment Name  | 7777               |
| OIL GAS WELL   | other- Injection                 | n well                     |                                       |                |  |                    |
| 2. Name of Operator  Kirby Exploration Comp                    | nany of Toyas                    |                            |                                       | 8. Form or Le  | xico M State                                     |                    |
| 3. Address of Operator   | July of Texas                    |                            | <del></del>                           | 9. Well No.    |  |                    |
|  | ton, Texas 77251                 |                            |                                       |                | 20   |                    |
| 4. Location of Weil  | 1000                             | nowth                      | 1000                                  |                | Pool, or Wildcat                                 |                    |
| UNIT LETTER  | 1980 FEET FROM THE               | HOT LINE AND               | 1980 FEET FROM                        | Langli         | ie MattixS.                                      | Q-G                |
| THE WEST LINE, SECTIO  | H 29 TOWNSHIP _                  | 22S RANGE                  | 37E HMPM.                             |                |  |                    |
|  |                                  | v whether DF, RT, GR, et   | :c.)                                  | 12. County     | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> | 11/                |
| 16.  |                                  | - 3370'                    | · · · · · · · · · · · · · · · · · · · | Lea            |  |                    |
| Check A  | Appropriate Box To Ind           | licate Nature of No        |                                       |                |  |                    |
| TO TICE OF IN  | TENTION SO:                      | ·                          | SUBSEQUENT                            | REPORT O       | F:   |                    |
| PERFORM REMEDIAL WORK  | PLUG AND ABAH                    | IDON REMEDTAL WOR          | к 🗀                                   | AL-            | TERING CASING                                    |                    |
| TEMPORARILY ABANDON  |                                  | COMMENCE OR                | LLING OPNS.                           | PEU            | G AND ABANDONMENT                                | · 🔲                |
| PULL OR ALTER CASING   | CHANGE PLANS                     | CASING TEST A              | ND CEMENT JOB                         |                |  |                    |
| OTHER  |                                  | OTHER                      |                                       | <del> </del>   |  | _                  |
|  |                                  |                            | ·                                     |                |  |                    |
| 17. Describe Proposed or Completed Ope<br>work) SEE RULE 1103. | trations (Clearly state all peri | inent details, and give pe | ertinent dates, including             | estimated date | of starting any prop                             | posed              |
|  |                                  |                            |                                       |                |  |                    |
| 9/18/86 RU, GIH with   |                                  | for casing leaks           | •                                     |                |  |                    |
| Repair as nee  |                                  | -                          |                                       |                |  |                    |
|  | same interval & sti              | imulate with aci           | d                                     |                |  |                    |
| Put back on p  | production.                      |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  | •                          |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
|  |                                  |                            |                                       |                |  |                    |
| 8. I hereby certify that the information a                     | bove is true and complete to t   | he best of my knowledge    | and belief.                           |                |  | <del></del>        |
| 22 -1  |                                  | ŕ                          |                                       |                |  |                    |
| 1640 Jones Com   | 7117                             | Regulatory St              | upervisor                             | DATE 9-        | 10-86  |                    |
| Orig. Signed b   | у.                               |                            |                                       |                | # m  |                    |
| Paul Keura<br>Gogle gish                                       | TET                              | LE                         |                                       | S              | EP 1 2 198                                       | 8b                 |

SED 1 1986