NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION	THE STATE OF CONCERNATION COMMI	C-102 and C-103 SSION Effective 1-1-65
SANTA FE	NEW MEXICO OIL CONSERVATION COMM	Solote Sep Theodive 14-40 4. C.
FILE		5a. Indiagle Type of Lease
U.S.G.S.		State Fee
OPERATOR OPERATOR		5. State Oil & Gas Lease No.
		062384
SUI (DO NOT USE THIS FORM FO USE "APPL	NDRY NOTICES AND REPORTS ON WELLS R PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT R LICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	RESERVOIR.
l. OIL GAS WELL WELL	OTHER- Injection Well	So. Leonard Unit
2. Name of Operator		8. Farm or Lease Name
TEXAS PACIFIC OIL 3. Address of Operator	COMPANY	9. Well No.
P. O. Box 1069 - H	lobbs, New Mexico	10. Field and Pool, or Wildcat
4. Location of Well		
UNIT LETTER,	660 FEET FROM THE SOUTH LINE AND 198	FEET FROM
THE West LINE,	SECTION 13 TOWNSHIP 26-8 RANGE	37 - B NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	13. Exercise (even miner a)	Lee ()
	eck Appropriate Box To Indicate Nature of Notice	Report or Other Data
	of Intention to:	SUBSEQUENT REPORT OF:
NOTICE	FINTENTION TO.	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND C	BPL TNAMA:
	OTHER	
OTHER		
- Comple	ted Operations (Clearly state all pertinent details, and give pertin	ent dates, including estimated date of starting any proposed
work) SEE RULE 1103.	ted Operations (Oroma) of the Property of the	
	propose to convert above well to inject	rion well for waterflood.
Upon approvat, we	blobose to consett spore seri to relieve	
1 More in rice	up. Pull rods & tubing. Clean out to	3484'.
2. Log well. Sp	ot 300 gal. NE acid in open-hole. Set	packer at 3200°.
3. Acidize w/150	0 gal. NE acid. Swab. Rum thg. & pkr.	@ 3200'.
4. Connect up we	ll head according to standard injection	well head diagram.
18. I hereby certify that the info	mation above is true and complete to the best of my knowledge and Dy	nd belief.
Sheldor	Ward TITLE Area Superin	tendent 9-5-68
719810	01	
	A STATE OF THE STA	e reco
APPROVED BY	HAMIN TITLE	DATE STATE
CONDITIONS OF APPROVAL.	FANY:	
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<i>i</i> /		