F	1			
NO. OF COPIES RECEIVED	-	Form C-103		
DISTRIBUTION	-	Supersedes Old C-102 and C-103		
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65		
FILE	-			
U.S.G.S.	4	5a. Indicate Type of Lease		
LAND OFFICE	4	State <b>Fed</b> Fee		
OPERATOR		5. State Oil & Gas Lease No.		
		062384		
(DO NOT USE THIS FORM FOR PRO	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. (ION FOR PERMIT - 1 (FORM-C- 101) FORMSUCH PROPOSALS.)			
I. OIL GAS		7. Unit Agreement Name		
WELL WELL	other- Injact on Wall	So. Leon rd Unit		
2. Name of Operator		8. Farm or Lease Name		
Texas Pacific Oil	Company	Tract 1		
3. Address of Operator		9. Well No.		
Post Office Box 1	069 - Hobbs, N.M.	1		
4. Location of Well		10. Field and Pool, or Wildcat		
UNIT LETTER,,	660 FEET FROM THE South LINE AND 1980 FE	ET FROM SO Leonard Queen		
<b>TT</b>	12 640 975			
THE West LINE, SECTI	ON 13 TOWNSHIP 265 RANGE 37E	_ <sup>NMPM.</sup> ())))))))))))))))))))))))))))))))))))		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County		
	13. Elevation (show whether bi , hi , on, etc.)			
		Lea		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	NTENTION TO: SUBSE	QUENT 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			
	OTHER			
OTHER	L <sub>n</sub> J			
17. Describe Proposed or Completed Or	perations (Clearly state all pertinent details, and give pertinent dates, in	ncluding estimated date of starting any proposed		
work) SEE RULE 1103.				
Upon approval we pro	ceeded to convert above well to injection w	ell for waterflood		
••••		· ·		
1 Moved in rigged u	up Pulled rods & tubing Clemned out to :	35001		
2 Logged well Spotted 300 gel 15% NE acid in open-hole Set packer at 3140'				
3 Acidized with 1500 tubing & packer at		n 103 jts 2-3/8"		
4 Connected up well head according to standard injection well head diagram				
•				

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

signed Sheldon Ward	TITLE Area Superintendent	DATE 3-19-69
APPROVED BY APPROVED BY	TITLE SUPERVISOR DISTRICT	MAR 2 4 1969
CONDITIONS OF APPROVAL, IF ANY:		

•