NO. OF COPIES PECETVED		*	Form C-103
DISTRIBUTION		*	Supersedes Old C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION		ATION COMMISSION	Ellective 1-1-65
FILE.		ra	a. Indicate Type of Leaso
U.S.G.S.		-	State X Fee
LAND OFFICE		5.	State Off & Gas Lease No.
OPERATOR			7-0510
	CHISTOCHES AND DEPOSITE ON ME	116	
LOO NOT USE THIS FOR	SUNDRY NOTICES AND REPORTS ON WE APPLICATION FOR PERMIT OF TROPIES OF PLACE APPLICATION FOR PERMIT OF PROPERTY OF PERMITS OF PROPERTY OF THE P	LLD TO A DIFFERENT RESERVOIR.	
1.	APPEICATION FOR PERSON 210 POST CHOTTECH 15 18 78	7.	, Unit Agreement Name
OIL GAS WELL WELL	OTHER- Water Trjection	: We11	·
Z. Name of Operator		8.	. Farm of Lease Name
	2.00		
1. Address of Operator		9.	. Well No.
	, Cara 797 (2		
4. Lecation of Well	- : :		0. Field and Pool, or Wildedt Stringfield and Frid Ar <b>rd</b>
UNIT LETTER	FERT FROM THE SCOOT	LINE AND FEET FROM	
THE th	E. SECTION TOWNSHIP	RANGE NMPM.	
mmmmmm	15. Elevation (Show whether DF,	RT. GR. etc.)	2. County
	3.2.2.2	l l	
777777777777777777777777777777777777777	7-1-7-7-7-7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		Data
	Check Appropriate Box To Indicate Natu	Fe of Notice, Report of Other Subsequent R	REPORT OF:
NOTIC	E OF INTENTION TO:	500002002	
	PLUG AND ABANDON RE	MEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK		MMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CA	SING TEST AND CEMENT JQ8	
Poce on Acten Ground		OTHER	
OTHER TILL ALL T	A A Mary offs, to some		
<b></b>	pleted Operations (Clearly state all pertinent details,	and rive pertinent dates, including est	timated date of starting any proposed
work) SEE RULE 1103.	pleted Operations (Citati) state are perturbat definition	, ,	
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		casing (417-65201 with 8	විවර පතුරව ස
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	of Injection nubing and packer at	± 66001.	
7. Load t.	bing-casing annulus with treated	water.	The same of the sa
3. leturr	wall to active injection status,	injecting water throa	
open tio	le 6636-6850'.		
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			ESED
	THE CO	MMISSION MUST BE MOT	Mariau Grandos
	<u> </u>	186 PERCE DO LO PARKET	The statement
		hamilada na Lalief	
18. I hereby certify that the in	formation above is true and complete to the best of my	y knowledge and belies.	
And an ore	•		7.75
(signed) D. R.	Crow YITLE		DAYE
	ng, Sign of the		on the state of t
I	ary Solevi		DATE W//
	Mar 1. Supre	the second of th	The state of the s
CONDITIONS OF APPROVAL	, IF ANYL		

RECEIVED

APR 2 8 1977

ROBBS, B. M.