Submit 3 Copies to A propriate Dist 4 Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION			WELL API NO.
DISTRICT II	P.O. Box 20 Santa Fe, New Mexico		30-025-11048
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:			7. Lease Name or Unit Agreement Name S. E. Toby
MEIT MEIT X	OTHER		
2. Name of Operator	1 D 1		8. Well No.
3. Address of Operator	and Production Inc.		9. Pool name or Wildcat
P.O. Box 730, Hobbs.	NM 88241-0730		Jalmat T-Y-SR
Unit Letter M : 660 Feet From The W Line and 660 Feet From The Line			
Section 7 Township 24-S, Range 37-E NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
3314' DF			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF.			
COBOLIGOLIVI TILI OTTI OI :			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEME		MENT JOB
OTHER:		OTHER: SQZ Jal	mat Perfs in Dual Well
12. 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.			
12-2-91 - NOTIFY NMOCC REPRESENTATIVE MR. RAY SMITH 1) Set 4 1/2" CIBP @ 3420' W/10' CMT ON TOP 2) SET 7" CMT RET @ 2850', TEST BACKSIDE TO 500#. HELD OK. 3) SQZ JALMAT PERFS 2928'-3335' W/200 SX CLASS 'C' CMT, WOC 24 HRS. 4) DRILL OUT CMT 2970'-3050'. TEST LINER TOP 500#. HELD OK. 5) C/O TO 3632'. RUN INJECTION TUBING, SET PKR @ 3409'. LOAD BACKSIDE W/INHIBITED WATER. 6) TEST BACKSIDE TO 500#. HELD OK. (CHART ON REVERSE) 7) RESUME INJECTION 12-08-91 INTO LOWER ZONE (LM7RQG) MYERS LANGLIE MATTIX UNIT WELL #244.			
I hereby certify that the information above is true a	and complete to the best of my knowledge and	pelief.	
SKINATURE TOK Johnson	· -	Engr. Asst.	
TYPEOR PRINT NAME L.W. Johnso			TELEPHONE NO. 397-0426
(This space for State Use)			
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APPROVED BY	128V.SOR m	R	DATE

