=0. OF COPIES RECEIVED	<u>,                                      </u>	<u> </u>	$\widehat{}$			Form C-103	3	•
DISTRIBUTION			· ·	E ~	_	Supersedes C-102 and		
NTA FE		No	W MEXICO OIL CON	SEVETIEN COMMEST	<b>9</b> h	Effective 1	-1-65	
LE	1/1	4				Fed	<del>oral</del>	
s.c.s.				MAR 22 19 <b>79</b>		5a. Indicate Ty	pe of Lease	
AND OFFICE		_	•			State 4	Fee	<u>. [ ]</u>
PERATOR	/			a. c. c.	İ		Gas Lease No.	,
	· · · · · · · · · · · · · · · · · · ·	<del></del>		ARTESIA. DEFICE		<del>06211</del> 7	F 4201	~~~
(DO NOT USE THIS	FORM FOR	PROPOSALS TO DRIL	AND REPORTS ON	BACK TO A DIFFERENT RESER	evoir.			
werr [X]	VELL	OTHER+				7. Unit Agreem	ient Name	
Southland Royalty Company						8. Form or Lease Name Continental "B" State		
Address of Operator						9. Well No.		
1100 Wall Towers West, Midland, Texas 79701						2		
Location of Well						10. Field and Pool, or Wildcat		
M MIT LETTER		990	south	LINE AND330	FEET PROM	Artesia	(Q.G.SA)	
west	LINE, SEC	30		RANGE29E	нырм.			
		15. 1	Elevation (Show whether 3658 GR	DF, RT, GR, etc.)		12. County Eddy		
<i></i>	Charl		D. T. I	7 CN				7777
NO		NAPPROPRIATE		Nature of Notice, Re	BSEQUENT		F:	
RFORM REMEDIAL WORK	п		PLUS AND ASANDON	REMEDIAL WORK	Г	AIT	ERING CASING	
MPORARILY ASANDON	Ħ		•	COMMENCE DRILLING OPN	. H	•	S AND ABANDONMEN	⊢
LL OR ALTER CASING	Ħ		SHANGE PLANS	CASING TEST AND CEMENT	- <del> </del>	7.00	, and againstance	··
			_	OTHER Brad	enhead Tie	∋ In		X
•TKER				- · · · · · · · · · · · · · · · · · · ·				
					·			
Describe Proposed or work) SEE RULE 100	Completed	Operations (Clear	ly state all pertinent det	ails, and give pertinent do	ites, including e	stimated date o	f starting any pro	oposed
				•				
•	Tied !	bradenhead	to surface with	n valve exposed.				
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I hereby certify that t	he informati	ion above is true e	nd complete to the best	of my knowledge and belie	of.			
- /		a /		••				
. C. Han	new 1	MANA	TITLE	District Engine	er	DATE	3-15-79	
	-A							
₽ 1.	111					ſ	NPR 2 4 1979	1
meved by D. U	1 W.L	wer	TITLE OIL	AND GAS INSPECTOR	·	DATE	" IV & 4 13/3	<u>'</u>

MOITIONS OF APPROVAL, IF ANY: