N OF COPIES RECEIVED			Form C-103 · Supersedes Old
DISTRIBUTION	REC	SEIVED	C-102 and C-103 Effective 1-1-65
SANTA FE			
9.S.G.S.	JUN	N 1 4 1976	Sa. Indicate Type of Lease State X Fee.
AND OFFICE	_		5. State Cil & Gas Lease No.
OPERATOR /). C. C. Sia, office	648
SUNDRY			
(DO NOT USE THIS FORM FOR PROP USE "APPLICATION	Y NOTICES AND REPORTS ON OCCALS TO CHILL OR TO LEEPEN OR PLUG SA ON FOR FERMIT - " (FCPM C-101) FOR SUCH	CK TO A DIFFERENT HESERVOIR.	7. Unit Agreement Name
OIL X GAS WELL	OTHER-		
Name of Operator			8. Farm or Lease Name
DEPCO, Inc			St. 648 9. Well No.
800 Central, Odessa	a, Texas 79761		161
Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER I	180 FEET FROM THE South	LINE AND 660 FEET FROM	East millman
East	N 14 TOWNSHIP 19:	s 28e	
THE LINE, SECTIO			*1717777777444444444
	15. Elevation (Show whether		12, County
	3399 KB		Eddy Allilli
Check A	Appropriate Box To Indicate N	ature of Notice, Report of Ot Subsequen	ner Data T REPORT OF:
NOTICE OF IN	TENTION TO.		
. ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TE APCHARILY ABANDON		COMMENCE DRILLING CPNS. CASING TEST AND CEMENT JQB	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	OTHER Well shut-in	X
OTHER			
Day of Completed Co	perations (Clearly state all pertinent det	ails, and give pertinent dates, includin	g estimated date of starting any proposed
.7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.			
Well shut-in Januar	ry , 1969, due to high	water oil ratio.	ntain wall fan passible
Well is located in an active waterflood project. Plan to maintain well for possible future return to production or injection. Date of future work presently not known.			
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<i>-</i> 2			
.E. I hereby certify that the information	n above is true and complete to the best	of my knowledge and belief.	
1 / Reson	D. R. Mason TITLE	Chief Clerk	DATE 6-11-76
S 16 VED			
1100	2 1		JUN 1 4 19/6
CEPROVED BY WIND	resset TITLE_	SUPERVISOR, DISTRICT II	DATE
CONDITIONS OF APPROVAL, IF ANY	"Elpines 10-1-76		
	7		