DATE \_\_\_

NO. OF COPIES RECEIVED				Form C-103	
DISTRIBUTION		_	SECENCE.	Supersedes Old C-102 and C-103	1
ANTA FE	NEW MEXICO	OIL CONSERVATION COMM	SE PORIVED	Effective 1-1-65	
ILE					
J.S.G.S.		млл	R 1 2 1982	5a. Indicate Type of	f Lease
AND OFFICE		MIMI	1 1 % 130Z	State	Fee
PERATOR				5. State Oil & Gas I	Lease No.
		C	). C. D.		
<del></del>	SUNDRY NOTICES AND REF	POPTS ON WELLS	SIA, OFFICE	MITTELLE	
(DO NOT USE THIS FORM USE **A	FOR PROPOSALS TO DRILL OR TO DEE	PEN OR PLUG BACK TO A DIFFERENT R -101) FOR SUCH PROPOSALS.)	ESERVOIR.		
OIL GAS WELL WELL	OTHER•			7. Unit Agreement N	Vame
Name of Operator	OTHER-			8. Farm or Lease N	ame
·	on Drilling Company				
Address of Operator	O W: 11 1 TTV 70702			9. Well No.	
P.O. Box 165	59, Midland, TX 79702				
Location of Well				10. Field and Pool,	or Wildcat
UNIT LETTER	, FEET FROM THE .	LINE AND	FEET FROM		
					THIIIII
THE EIN	E, SECTION TOWNS	11P RANGE	NMPM.	MILLINIA	
				<u> </u>	
	15. Elevation (S	Show whether DF, RT, GR, etc.)		12. County	
6.	Check Appropriate Box To	Indicate Nature of Notice	Report of Oth	her Data	
	OF INTENTION TO:	indicate Nature of Notice,	•	REPORT OF:	
NOTICE	OF INTENTION TO.		30B3EQUENT	REFORT OF.	
			t –	_	
PERFORM REMEDIAL WORK	PLUG AND	<u> </u>	片	ALTERING	<b>=</b>
TEMPORARILY ABANDON		COMMENCE DRILLING	74	PLUG AND	ABANDONMENT
PULL OR ALTER CASING	CHANGE PL	<del></del>			[]
		OTHER			
OTHER					
7 Describe Proposed or Com	oleted Operations (Clearly state all	pertinent details, and give pertine	nt dates, including	estimated date of sto	arting any proposed
work) SEE RULE 1103.	steriou operations (oversty sterio es-	F		,	
			r 10 0	1011 : 0 = 10'	II C-
5. Base of 13	3/8" @ 610'. Set ce	ment plug 50' below b	pase of 13 3	3/8" In 8 3/8	usg. a
50' cement	plug above base (34	Sxs.) 560 - 660'.			
6. Set 15 Sx.	plug @ surface.				
7. Install st	eel marker 4" diamete	r, set in concrete ex	xtending 4'	above G.L.	Marker
will have	name & number of well	, location, unit lett	ter, Section	ı, Township &	range
welded on					
8. Location w	ill be cleaned up for	inspection.			
O. Hocarron		•			
				,	
		a to the back of mu beautides - d	halief		<del></del>
3. I hereby certify that the inf	formation above is true and complet	e to the best of my knowledge and	Detiel.		
GNED		TITLE		DATE	

ONDITIONS OF APPROVAL, IF ANY: