OF COPIES RECEIVED	7		Form C 103
DISTRIBUTION	RECE	IVEA	Form C-103 Supersedes Old
···			C-102 and C-103
SA A FE	NEW MEXICO OIL CONSI	ERVATION COMMISSION	Effective 1-1-65
FILE	JAN 1	3 1079	() () () () () () () () () ()
U.S.G.S.	JAN 1	J 1370	5a. Indicate Type of Lease
LAND OFFICE			State Fee. X
OPERATOR	_	. C.	5. State Oil & Gas Lease No.
	ARTESIA,	OFFICE	
IDO NOT HISE THIS FORM FOR PR	RY NOTICES AND REPORTS ON LOPOSALS TO DRILL OR TO DEEPEN OR PLUG BY THE PORT OF PERMIT -" (FORM C-101) FOR SUCI	LCK TO A DIFFFOFNY DESFOURD	
OIL GAS WELL XX	OTHER•		7. Unit Agreement Name
2. Name of Operator J. M. Huber Corporation			8. Form or Lease Name Featherstone-McCoy
3. Address of Operator			9. Well No.
1900 Wilco Building, Midland, Texas 79701			1 10. Field and Pool, or Wildcat
	660 FEET FROM THE North	LINE AND 835	1
THE East LINE, SECT	ION 22 TOWNSHIP 23S	RANGE 26E NMPI	
	15. Elevation (Show whether	DF. RT. GR. etc.)	12. County
			Eddy
	111111 3298 GR	•	Eddy ///////
Check	Appropriate Box To Indicate N	-	Other Data NT REPORT OF:
	r,		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
отнек <u>Re-Enter Abar</u>	ndoned Well X		····· ···· ···· ···· ··· ··· ··· ··· ··· ··· ··· ··· ·
	perations (Clearly state all pertinent deta	ills, and give pertinent dates, includi	ng estimated date of starting any proposed
work) SEE RULE 1103.			
1. Move in, rig u	ıp, install 13-3/8" ca	asing head and BOP.	
2. Rig up reverse	unit. Drill out cmt	. plugs located at	surface, 558' to 658',
and 1444' to 1		1 0	·
3. Dress off 8-5/	8" casing stub @ 1494	4' w/ Kutrite Mill	
4. Run 1492' of 8	8-5/8" as and tip of	nto 8-5/8" casing s	stub with casing bowl.
	ion and bring cmt. ba	ack to surface. We	10001
6. Run TDT, cemer	nt bond & correlation	logs from 3200 fo	1900 .
			foam fraced. Volume to
be adjusted de	ependent on length of	productive interva	ıl.
8. Place well on			
		of my knowledge and helief	
18. I hereby certify that the information	on above is true and complete to the best	or my knowledge and belief.	
11/7/	(-//		
SIGNED Solet July	Ka TITLE DI	st. Production Mana	ager DATE January 13, 197
STORED			
APPROVED BY	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: