NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		<u> </u>
LAND OFFICE		
OPERATOR	1	Į.

RECEIVED

Form C-103 Supersedes Old C-102 and C-103

NO. OF COPIES RECEIVED	1		C-102 and C-103
DISTRIBUTION	NEW MEXICO OIL SEPHEER BATORY COMMISSION		Effective 1-1-65
ANTA FE	NEW MEXICO OIL	266-1.0 1201	5a. Indicate Type of Lease
ILE	4		
.s.g.s.	4	O. C. C. Artesia, office	5. State Oil & Gas Lease No.
AND OFFICE		ARTESIA, DEFICE	
PERATOR		·	OG 710
	THE PERCENT	TS ON WELLS	
SUND	RY NOTICES AND REPUR	TS ON WELLS R PLUG BACK TO A DIFFERENT RESERVOIR. FOR SUCH PROPOSALS.)	7. Unit Agreement Name
(DO NOT USE THIS FORM FOR THE USE *APPLICA	TION FOR PERMIT -** (FORM C-1017	FOR SOUR THE	7. Unit Agreement Nume
			8. Farm or Lease Name
WELL WELL LA	OTHER-		
Name of Operator	\checkmark		HUBER A STATE
DR. SAM G. DUNN			g. Well No.
. Address of Operator	NEW MEYICO 8	8210	10. Field and Pool, or Wildcat
P. O. BOX 192, AR	TESIA, NEW MEXICO 8	5220	UNDES . COYOTE QUEEN
. Location of Well	770 F.	AST 1650 FROM	
UNIT LETTER I	330 FEET FROM THE	LINE AND FEET PROM	
UNIT LETTER	0	11-S 27-ENMPM	
SOUTH LINE, SEC	TION TOWNSHIP _	RANGENMPM	
THE CINE, SEE		Labor DE RT GR. etc.)	12. County
IIIIIIIIIIIIII	15. Elevation (Show 3672.8	whether DF, RT, GR, etc.)	CHAVES
			ther Data
16. Chec	k Appropriate Box To Ind	icate Nature of Notice, Report or O	IT REPORT OF:
Check	INTENTION TO:	SUBSEQUEN	II REPORT OF
NOTICE OF	HAT ENTI-ON		ALTERING CASING
	PLUG AND ABAR	NDON REMEDIAL WORK	PLUG AND ABANDONMENT
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPNS.	PEDU AND ADMINI
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING		OTHER	
OTHER		datas includi	ng estimated date of starting any propos
Describe Proposed or Complete	d Operations (Clearly state all pe	rtinent details, and give pertinent dates, includi	
work) SEE RULE 1 103.			
9-17-67			ODERATION
3 -1 :-3:	THE STATE OF THE	ARE ASKING FOR TIME ON COMME	INCING DRILLING OPERATION
DUE TO LEGAL L	EGATION ON CEASE WE	731(0)	
In A breaker contify that the infor	mation above is true and complete	to the best of my knowledge and belief.	
18. I hereby certify that the mark		AGENT	9 –17–67
		AGENI	DATE
SIGNED Holman Heek			
		TITLE	DATE
APPROVED BY		TITLE	
	IF ANY:		
CONDITIONS OF APPROVAL,			