| NO. OF COPIES RECEIVED 3 | Form C-103 |
|--|---|
| DISTRIBUTION | Supersedes Old |
| SANTA FE / NEW MEXICO OIL CONSERVATION COMMISSION | C-102 and C-103 |
| FILE / THE WIND COMMISSION | Effective 1-1-65 |
| U.S.G.S. | 5a. Indicate Type of Lease |
| LAND OFFICE | State Fee |
| OPERATOR / | 5. State Oil & Gas Lease No. |
| | |
| SUNDRY NOTICES AND REPORTS ON WELLS | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. OIL A GAS | 7. Unit Agreement Name |
| WELL OTHER- 2. Name of Operator | 8. Farm or Lease Name |
| World wide Pet. Corp. | Ferris |
| 3. Address of Operator | 9. Well No. |
| 4150 East Mexico, Denver Colorado | 6 |
| 4. Location of Well | 10. Field and Pool, or Wildcat |
| UNIT LETTER 0 , 280 FEET FROM THE SOUTH LINE AND 2320 FEET FROM | Seven Lakes |
| | |
| THE BEST LINE, SECTION 18 TOWNSHIP 18 N RANGE 10 W NMPM. | |
| ATTENDED TO THE STATE OF THE ST | |
| 15. Elevation (Show whether DF, RT (GR, etc.) | 12. County |
| 6,517 | Mc/Kinley |
| Check Appropriate Box To Indicate Nature of Notice, Report or Oth | er Data |
| NOTICE OF INTENTION TO: SUBSEQUENT | REPORT OF: |
| | |
| 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 | <u></u> |
| OTHER | |
| OTHER | |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including | estimated date of starting any proposed |
| work) SEE RULE 1903. | |
| | |
| | |
| | |
| | |
| Pump cement down csg leaving 50' inside 5 1/2" csg | aet @ 334! |
| Erect dry hole marker, clean & level location. | BC 0 ()) - 1 |
| distributions of the state of t | |
| | |
| | |
| | |
| | \ . FOFIATO / |
| | OCT 2 2 200- |
| | 196/ |
| | OIL COM. COM. |
| | DIST. 3 |
| | |
| | |
| | |
| | |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | - |
| | |
| SIGNED LIPE Production Superintende | ent _{oate} 10-24-67 |
| | _ |
| SUPERVISOR DIST. #5 | 00T 0 1 10C7 |
| APPROVED BY JULY CHILD SUPERVISOR DIST. 773 | (11) 3 1 1301 |
| | OCT 3 1 1967 |
| CONDITIONS OF APPROVAL, IF ANY: | |
| CONDITIONS OF APPROVAL, I ANY: | |
| CONDITIONS OF APPROVAL, I ANY: | |