NO. OF COPIES RECEIVED	7	CORRECT	ED REPORT	<u>.</u>			Form C-103			
	-a'-						Supersedes O			
DISTRIBUTION	 -, - 	NEW MEXICO	OU CONSE	RVATION CO	MAISSION		C-102 and C- Effective 1-1-		/	
SANTA FE	1 4	NEW MEXICO	J OIL CONSE	KYATION CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				/	
FILE						5	a. Indicate Type	e of Leas	e	
U.S.G.S.	\longrightarrow	3-NMOCC Azte	c				State		Fee. 🕱	
LAND OFFICE		1-File				5	. State Oil & G	as Lease		
OPERATOR						ľ				
							mm	77777	THITTH	
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.)										
USE **APPLICATION FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)							. Unit Agreeme	nt Name		
OIL GAS WELL WEL	. 🗌	OTHER-								
2. Name of Cperstor Tidewater Oil Company							8. Farm or Lease Name Santa Fe **A**			
							9. Well No.			
3. Address of Operator Box 249, Hobbs, New Mexico							1			
4. Location of Well							10. Field and Pool, or Wildcat			
Ħ	•	FEET FROM THE	East	LINE AND	1980 FEE	ET FROM	MITT	at	*******	
UNIT LETTER	,	THE PER PROPERTY				<u> </u>		/////	VIIIII.	
North	LINE, SECTIO	13 TOWNS	HIP	N RANGE	9 W	_ NMPM.				
					. 1	<u> </u>	12. County	77///	44444	
		15. Elevation (Show whether	DF, KI, GK, et	c.)	1	McKinley			
	7/////								<i>·//////</i>	
I.g.		Appropriate Box To	Indicate N	ature of Not	tice, Report	or Othe	r Data			
NOTI	CE OF I	TENTION TO:	1		SUBSE	QUENT	REPORT OF	:		
_	_				ŕ	-				
PERFORM REMEDIAL WORK		PLUG AND	ABANDON	REMEDIAL WOR	ık [RING CASI	二 二	
TEMPORARILY ABANDON				COMMENCE DRI	ILLING OPNS.	_	PLUG	AND ABAN	IDONMENT X	
PULL OR ALTER CASING	7	CHANGE P	LANS	CASING TEST A	ND CEMENT JOB				<u> </u>	
	-			OTHER						
OTHER										
17. Describe Proposed or C				., , .		- ludina a	atimated date o	f starting	any proposed	
cement plug to 1535.	from 2 Laid 25	D. No shows. F 705' back to 248 sack plug from dry hole marker	39'. Lai : 480 to 3 '	i 50 sack	plug from	1751 cement	back	Ď ;6 ;⊙M.		
18. I hereby certify that the Origin	al Sig	ned B y		of my knowledg			DATE	6-16-	66	
SIGNEDU.	L. WA	/=	TITLE		-					
							11	IIN O .	1000	
APPROVED BY CLUE	us C	/ lewel	TITLE	SUPERVISO	OR DIST. #8	3	DATE	UN 24	ב ושטם	
CONDITIONS OF APPROV	AL, IF AN	Y:			<i>a</i> -					