NO. OF COPIES RECEIVED				Form C-103	
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTA FE	1		NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65	
FILE	1				
U.S.G.S.				5a. Indicate Type of Lease	
LAND OFFICE				State BLA & Fee. TX	
OPERATOR	7			5. State Oil & Gas Lease No.	
(DO NOT USE THIS FO USE	SU PAPP	NDR R PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name	
OIL GAS WELL WEL			OTHER- Strat Test		
2. Name of Operator	8. Farm or Lease Name				
	Ignacie Chaves Grant				
3. Address of Operator C/O H I Sh	411	ınde	or 414 Central SE Albuquerque H H 87101	9. Well No.	
4. Location of Well			2500 FEET FROM THE WORK LINE AND 1575 FEET FROM	10. Field and Pool, or Wildcat Wildcat	
			ON TOWNSHIP RANGE NMPM.		
	IIII	III	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
		////	Michfield DBfl plus 25ft GL	McKinley	
16. NOTI			Appropriate Box To Indicate Nature of Notice, Report or Other Ton Ton Ton Subsequent	her Data T REPORT OF:	
PERFORM REMEDIAL WORK			PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
PERFORM REMEDIAL WORK			PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT	
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.		

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 1103.

Pits have been filled; location levelled and cleared of all junk and removable cap placed on easing in the well and well turned over to Bureau of Land Management for their use as a water well. Affidavit attached.



18. I hereby certify that the information above is true and complete to the be	st of my knowledge and belief.		
SIGNED ACCHUICAL TITLE	Agent	DATE	Sept 21 1972
APPROVED BY Cleury Clinical TITLE_	Sup Prit 111	DATE	9.27.72
CONDITIONS OF APPROVAL, IF ANY:			