		I
NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
		5a. Indicate Type of Lease
U.S.G.S.		State Fee
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		
		VIIIIIIIIII
SUN (DO NOT USE THIS FORM FOR USE "APPLI	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT _'' (FORM C-101) FOR SUCH PROPOSALS.)	
1.	•	7. Unit Agreement Name
OIL GAS WELL	OTHER-	
2. Name of Operator		8, Darm or Lease Name
1 / de servición	Jan 2	Theatherse I rock
3. Address of Operator		9. Well No.
Bad Ele	Bremodel Callo	1 7 2
4. Location of Well	Journal Contraction of the Contr	10. Field and Pool, or Wildcat
4: Location of won	1001 -00 -1 1066	Morton Clar
UNIT LETTER,	1021 FEET FROM THE DESCENTINE AND 1966 FEET FRO	VIIII XXXIIII XXXIIIXXXXXXXXXXXXXXXXXXX
THE MILE LINE, SE	CTION TOWNSHIP TOWNSHIP	
<i>U</i> -		Tillini Hilli
	15. Elevation (Show whether DF, RT, GR, etc.)	12 County
	7352	The Coura !!!!!!
16. Char	ck Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
		NY REPORT OF:
NOTICE OF	FINTENTION TO: SUBSEQUER	
PERFORM REMED!AL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMERT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	<u></u>
	OTHER	
OTHER		
		ation and data of any few one proposed
17. Describe Proposed or Complete work) SEE RULE 1103.	d Operations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of secting any proposed
work) SEE ROLL Troot		The second se
2/	dricker, operations on	クルスペータ エフトーー
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	the standard and complete to the best of my knowledge and helief	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
18. I hereby certify that the inform	ation above is true and complete to the best of my knowledge and belief.	
P		174. 14 1 T
twee 7	ranks title rig owner	DATE // Way 4 - 15
DIGNED		
T .	•	<i>V</i>

APPROVED BY ___

CONDITIONS OF APPROVAL, IF ANY:

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