O. OF COPIES RECEIVED	3					Form C-103	
DISTRIBUTION						Supersedes O C-102 and C-	
SANTA FE		NEW MEX	KICO OIL CON	ISERVATION COMMISSI	ON	Effective 1-1-	
FILE	/ <u> </u>						
U. s .G.S.						5a. Indicate Type	_
LAND OFFICE						State X	Fee.
OPERATOR						5, State Oil & Go	_
		-				K-4844	, , , , , , , , , , , , , , , , , , ,
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 GAS WELL WELL		OTHER-				7. Unit Agreemer	it Name
2. Name of Operator						8. Farm or Lease Name	
Claude C. Kennedy						Dana State	
3, Address of Operator						9. Well No.	
4949 San Pedro NE, Suite #47, Albuq., New Mexico 87109						1	
4. Location of Well						10. Field and Pool, or Wildcat	
UNIT LETTER G . 1710 FEET FROM THE North LINE AND 1710 FEET FROM						Wildcat	
.		_ 4					
THE EAST LINE, SECTION 16 TOWNSHIP 22N RANGE 7W NMPM.							
15, Elevation (Show whether DF, RT, GR, etc.) 6891 GR						12. County Sandoval	
16. C	heck	Appropriate Box	To Indicate	Nature of Notice, R	eport or Oth	er Data	
		NTENTION TO:			-	REPORT OF:	
PERFORM REMEDIAL WORK		Plus 4	AND ABANDON	REMEDIAL WORK		ALTER	ING CASING
TEMPORARILY ABANDON				COMMENCE DRILLING OP			IND ABANDONMENT
PULL OR ALTER CASING		CHANG	E PLANS	CASING TEST AND CEMEN	7-4	7204 7	ABANDONMEN!
<u></u>				OTHER Well		n	
ОТНЕЯ]			
17. Describe Proposed or Comp	leted Op	perations (Clearly state	e all pertinent de	etails, and give pertinent d	lutes, including	estimated date of	starting any proposed
work) SEE RULE 1103.	מנו ק	mast pole. R	un correl	ation collar & c	oment have	4 1	
489 0-94, 488 Acidize perf	80-88, s. w/ .,000	, 4861-77, 484; 1500 gal. 15% gal. gelled wa	5-56, 4839 MCA. Swa	up 4932-36, 4920 5-40, 4786-4804, ab test. Frac p n tbg. Swab wel	all w/2 i erfs. w/90	holes/ft.	
		•	· •			ON THE PARTY OF TH	FD COM
18. I hereby certify that the info	ormation	above is true and comp	plete to the besi	of my knowledge and beli Agent	ef.	DATE 7-1	5-75
	-t						
APPROVE Original Signe	d by	Emery C. Arnol	. Č TITLE	SUPERVISOR DIST.	#3	DATE JL	IL 2 ± 1975

CONDITIONS OF APPROVAL, IF ANY: