-1_D	rie			1	
NO. OF COPIES RECEIVED 3	\neg			Form C-103	
 	ISTRIBUTION			Supersedes Old C-102 and C-103	
SANTA FE /					
FILE /	THE W MEXICO	OIL CONSERVATION COM	IMISSION	Effective 1-1-65	
U.S.G.S.			!	5a. Indicate Type of L	,ease
LAND OFFICE				State 📘	Fee
OPERATOR /				5, State Oil & Gas Le	ase No.
		<u> </u>		E-7844	
SUN	DRY NOTICES AND REP	ORTS ON WELLS			MATTI
	PROPOSALS TO DRILL OR TO DEEPI CATION FOR PERMIT -** (FORM C-	EN OR PLUG BACK TO A DIFFEREN 101) FOR SUCH PROPOSALS.)	T RESERVOIR.		
I. OIL GAS WELL WELL	OTHER-			7. Unit Ägreement Na	ne
2. Name of Operator				8. Farm or Lease Nam	
Southwest Produc	tion Company			Kirtland Stat	ie
3. Address of Operator				9. Well No.	
P. O. Box 400, A	ztec, N.M.			10. Field and Pool, or	- W. 1 1 - A
4. Location of Well	00.00	32	570	Cha Cha Gall	
UNIT LETTER	2130 FEET FROM THE	LINE AND	FEET FROM	OTHE OTHER CHILL	
THE LINE, SE	ction <u>16</u> townshi	29 N RANGE	14 W NMPM.		
	15. Elevation (SI	how whether DF, RT, GR, etc.)	12. County	HHHH
		51941		SJ	
16. Chan	k Appropriate Box To I		as Popost of Oth		,,,,,,,,,,,
	i Appropriate Box to h	ndicate Nature of Motit	SUBSEQUENT		
1101102 01	INTERTION TO.		30032002111	KEI OKT OT.	
PERFORM REMEDIAL WORK	PLUG AND AE	BANDON REMEDIAL WORK		ALTERING C	ASING
TEMPORARILY ABANDON		COMMENCE DRILL	ING OPNS.	PLUG AND A	BANDONMENT K
PULL OR ALTER CASING	CHANGE PLAN	NS CASING TEST AND	CEMENT JOB		
		OTHER			
OTHER					
17. Describe Proposed or Completed	Operations (Clearly state all r	pertinent details, and give nert	inent dates, including	estimated date of starti	ng any proposed
work) SEE RULE 1103.		, ,		·	9 7 1 1
		4			
Spotted 20	ex plug 4580! - 46	680!			
Pe rf. 4 h	oles @ 600' through	h 42"•			
Circulated	thru holes and up	42 X 8 5/8 annuly	15.		
Sp ot 35 a	x across PC thru pe	erfs. 600' - 500'.		201	
Cut well h	need and erected P	& A marker w/10 ax	surface plu g	; = 30°•	
Well P & A	. 6/25/67			لايمان يرس	. .
				تي آه د -	11
					<i>3</i> \
<i>)</i>	ion Levele	1 . 01	, i	1	1
40 ca T	ion Levele	d + Cheans		· ₋ 1 1967	1
			1	OIL CON. COI	Ma A
			•	DIST. 3	
18. I hereby certify that the informat	ion above is true and complete	to the best of my knowledge as	nd belief.		
		,			
4. 96	· - Q	Production m	anager	10/9/6	7
SIGNED // // // //	my c.	TITLE		DATE	
6				^~-	4 4 44 - 1
Approved by MANIMALL	Munel	SUPERVISOR DI	IST. #3	DCT OCT	1 1 1967
APPROVED BY (1711)	-0-00-07	11162		DATE	
CONDITIONS OF APPROVAL, IF A	NY:				
¥					