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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
El Paso Natural Gas Company	9. Well No.
3. Address of Operator	10. Field and Pool, or Wildcat
Box 990, Farmington, New Mexico 87401	
4. Location of Well	12. County
UNIT LETTER _____ FEET FROM THE _____ LINE AND _____ FEET FROM	
THE _____ LINE, SECTION _____ TOWNSHIP _____ RANGE _____ NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Location Clean Up
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

This location has been cleaned up after P & A and is ready for inspection.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED	Original Signed F. H. WOOD	TITLE	Commissioner	DATE	3-20-70
APPROVED BY	<i>Gregory C. Howard</i>	TITLE	Sup Dist III	DATE	5-5-70
CONDITIONS OF APPROVAL, IF ANY:					