NO. OF COPIES RECEIVED	1	
DISTRIBUTION	1	1
SANTA FE	1	\vdash
FILE	1	
U.S.G.S.	+	
LAND OFFICE	+	
OPERATOR	+	

NEW MEXICO OIL CONSERVATION COMMISSION

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

U.S.G.S.	
OPERATOR LLEGBLE	5a. Indicate Type of Lease
OPERATOR	State State
I I I I I I I I I I I I I I I I I I I	ree A
	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 SACK TO A DIFFERENT RESERVOIR. 1. OH ON	
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALE)	
WELL L. WELL	7. Unit Agreement Name
2. Name of Operator	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 1 000 M	8. Farm or Lease Name
3. Address of Operator	
3222 11 1 11 10	BOND
4. Location of Well	9. Well No.
4. Location of Well	ado I-A
UNIT LETTER (7 /5 V/)	10. Field and Pool, or Wildow
LINE AND	1 6/1/ 10/2 /
THE WEST LINE, SECTION 17 TOWNSHIP PNORTH RANGE 14 WEST NAME	
NM!	PM: (
15. Elevation (Show whether DF, RT, GR, etc.)	
16.	12. County
Check Appropriate Box To Julian 3	VALENCIA ()
Check Appropriate Box To Indicate Nature of Notice, Report or C	Other Data
SUBSECUE	NT REPORT OF:
- The Remodel Work	NI REPORT OF:
TEMPORARILY ABANDON REMEDIAL WORK	
PULL OR ALTER CASING COMMENCE DRILLING OPNS.	ALTERING CASING
CUALITIES	PLUG AND ABANDONMENT
CHANGE PLANS CASING TEST AND CEMENT JOB	THE OWNER !
OTHER RESUME OPERATIONS OTHER	
7. Describe Process	
work) SEE RULE 1103.	
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1703.	g estimated date of starting any proposed
The internation of	proposed
and the fallshel	the well
	and the second
to a maximum) ditto at 2,	800/18
	July 1
ally to the with 1/1	
the state of the	Cours son son
Et The commission.	AT C
I ammucion.	V
Quering resiporsaise accounts	Marcia II
to the first of the collections	2000.
along mill will with	
In the state of th	(N) /w/
Tounder 1512	1.
Kir Mond with the Cold as	
Ku Mind sind of f	
11 of the second sest	in handally
to Carrief legeleth II - I	
hereby certify that the informatible about the	Alling Button
hereby certify that the information above is true and complete to the best of my knowledge for him.	- 17 (/) (/) (A)
	The state of the state of
ED TITLE MANY TITLE	afflored
TITLE (MINE)	WHAT.
(GM)	DATE 4112 201961
OVED/BY Quitte North	The state of the s
CHI CHILL	120/1
DITIONS OF APPROVAL, IF ANY:	DATE 4/20/66
	,