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HO. OF COPIES RECEIVED	<del></del>				Form C-103	
DISTRIBUTION	<del>     </del>				Supersedes (	
SANTA FE	1	NEW MEXICO OIL CON	SERVATION COMMISSION		C-102 and C- Effective 1-1	
FILE					Enective 14	.65
U.S.G.S.			<b>5</b> 777777	וחלק	5a. Indicate Type	e of Leane
LAND OFFICE			10/5 5/1-25 5/5/3/3/3/	ווונ	State 🔀	For !
OPERATOR				711 11	5. State Oil & Go	r ou l
	<del></del>		111 27 1973			
SI	INDRY NOTIC	ES AND REPORTS OF	113-11-11-1	<del>_{ U </del> _	L- 55	<del>82</del>
(DO NOT USE THIS FORM F	OR PROPOSALS TO D	RILL OR TO DEEPEN OR PLUG	SIL CONSTRVATION OF	FOMM	VIIIIII)	
1.	THE PERIOD OF TH	WIT (FORM C-101) FOR SI	Santa Fo	307171		
OIL GAS WELL	7	TOULING	Same		7. Unit Agreemen	t Name
2. Name of Operator	- OTHER-	DRILLING				
Amoco Production Co	mnanı				8. Farm or Lease	Name
3. Address of Operator					STATE	£Χ
BOX 68, HOBBS, N. M. 88240					9. Well No.	
4. Location of Well	<del></del>				1 1	
	10.00	~ 1			10. Field and Poo	ol, or Wildcat
UNIT LETTERH	. <u>_/980_</u> ,	EET FROM THE MORT	H LINE AND 660	****	WILDO	AT
i				PEET FROM	milling	miiii
THE EAST LINE,	SECTION		N RANGE 25-E			
			RANGE LU ~	NMPM.		
	111111111111111111111111111111111111111	5. Elevation (Show whether	DF, RT, GR, etc.)		12, County	HHHH
		6609'	R.D.B.		COLFAX	
16.	eck Appropria				COLPHY	
NOTICE O	OF INTENTION	TO TO HIGHER	Nature of Notice, Repo			
NOTICE	THE ENTION	10:	SUBS	EQUENT	REPORT OF:	
PERFORM REMEDIAL WORK		F-1	]	_		
<b>=</b>		PLUG AND ABANDON	REMEDIAL WORK		ALTERN	NG CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	$\boxtimes$	PLUG AN	ID ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB			
			OTHER			
OTHER		L				
17. Describe Proposed or Complete	ed Operations (Cla	-1 11				
17. Describe Proposed or Complete work) SEE RULE 1503.	ed Operations (Cre	arty state all pertinent deta	ails, and give pertinent dates,	including e	stimated date of st	arting any propo
another Dala	1/2 10	11 11 11 1 11	· Kole 11:PM		a	
Caetus Nrlg	$\omega$ . $\omega_{p}$ .	uaala 11	NOTE [I:PM	/- 2	2 <b>8</b> -73	
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On 7-23-73,	. 098 C	)U 24" H-S	5 casing	was	i set e	3/7
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Reduced h	ole to	1/2 @ 3/7 /	and SIDAL	mes	d apill	ima.
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18. I hereby pertify that the informat	tion observed	and complete to the best of				
The program of the program at	non above is true	and complete to the best of	my knowledge and belief.			
12.110	7		NICTRATIVE ASSISTAN	Ti		

ON 1- NMOCE SF

APPROVAL VE ANY:

1- SUSP
ONLY OF APPROVAL VE ANY:

1- KRY