	्ण्य			
	. ₇ 7			
NO. OF COPIES RECEIVED		Form C-103	.7.7	
DISTRIBUTION		Supersedes O C-102 and C-1		
SANTA FE .	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-	65	
FILE				
U.S.G.S.	~	5a. Indicate Type		
LAND OFFICE	H	State	Fee. X	
OPERATOR		5, State Oil & Ga 1076771		
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 OTHER- Carbon Dioxide			t Name	
2. Name of Operator	OTHER- VALSUIT DIOXIGE	8. Farm or Lease	Name	
Schwartz Carbonic Company			Norman and Esther Libby	
3. Address of Operator			9. Well No.	
the second of th			2-Y	
4. Location of Well			10. Field and Pool, or Wildcat	
UNIT LETTER FEET FROM THE LINE AND FEET FROM			Bueyeros	
		<i>Yiinnn</i> ™	mmitti	
THE	TOWNSHIP RANGE NMPI			
LINE, SECTION	TOWNSHIP RANGE NMP	<i>™.(</i>		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Harding		
16,			<i></i>	
NOTICE OF IN	ppropriate Box To Indicate Nature of Notice, Report or O	Ither Data NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTER!	ING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB X			
	OTHER		L	
OTHER				
17, Describe Proposed or Completed Ope	rations (Clearly state all pertinent details, and give pertinent dates, including	ng estimated date of s	starting any proposed	
work) SEE RULE 1103.				
Set 80' 9-5/8"Surfac	ce Casing 7:00 P.M. 2/24/69			
Welded all screwed ;	joints top and bottom.			
Used Belled bottom j	joint without shoe.			
No test made.				
Cememted to surface	Topped cement at 35' from bottom, determined	by strapping	drill stem.	
•				
		•		
18. I hereby certify that the information a	bove is true and complete to the best of my knowledge and belief.			
4-110.	grander i de la companya de la comp			
SIGNED TO	Manager of Production	1 DATE 3/	10/69	
Of Fat.	m-124-02 12	مداح	168	
APPROVED BY HOLLING	TITLE Wil 9x Jas ynapiclor	DATE J/NO	/ • /	
CONDITIONS OF APPROVAL IF ANY:	Allesta IV			