NO. OF COPIES RECEIVED			Form C-103 Supersedes Old	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103 Effective 1-1-65	
FILE		Zivivi i i i i i i i i i i i i i i i i i	Ellective 1-1-03	
U.S.G.S.			5a. Indicate Type of L	,ease
LAND OFFICE			State	Fee, 🔀
OPERATOR			5, State Oil & Gas Lea	ase No.
SLINDD	V NOTICES AND DEPORTS ON	WELLS		mm
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 WELL WELL	OTHER-	INTERFERENCE OBSERVATION	7. Unit Agreement Nan	ne
2. Name of Operator Froduction Com	ipany	-01370001111100	8. Farm or Lease Nam	
3. Address of Operator			9. Well No.	
BOX 68, HOBBS, N. M. 88240			2,	
4. Location of Well Lam 13	20 FEET FROM THE SOUTH	LINE AND 660 FEET F	10. Field and Pool, or	Wildcat
				7///////
THE WEST LINE, SECTION 3 TOWNSHIP 19-N RANGE 33-E NMPM			PM. ()	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County	1111111
	$\frac{1}{2}$	969	HARDING	
	ppropriate Box To Indicate N	ature of Notice, Report or	Other Data	
NOTICE OF IN	TENTION TO:	SUBSEQUE	ENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	ASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND AB	SANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		
OTHER		OTHER		
17. Describe Proposed or Completed Ope work) SEE RULE 1103.				
On ten 11/000 S	inx & souls.	10 d 121/2 tolo	5115 Am 5	126/28
and week the	is a special	cent 12/4 mile	, (), () (), (), ()	, ,
CI+ 4: PM 848	err Co. spud 3°00 29.35#LW	MSTIC COG WA	0 DCC @ 35	6
11/200 M/ Ox	2000 100010 + 3	29/ PACI CLAR	10 Sx 1	Thes
	ican Class C + 2	10 97Ch, 000.	10 01. 00	
woc 18 news,	, tested casi	ny W/ 300 ps/	ger som	un,
Gest O.K.				
	4 / - 3/			
Klauced has	le to 7/8 e 3 e	56 and Now	med drilli	my.
$\sim$				
18. I hereby certify that the information a	above is true and complete to the best of	f my knowledge and belief.		
	- 1	WASTRATIVE ASSISTANT		
SIGNED THE STATE OF THE STATE O	KUM TITLE ADA	MINISTRATIVE ASSISTANT	DAMAY 29	1974
AL MILLONS & OMERCAND				
	veg TITLE		DATE 5/31/-	7 <i>U</i>
CONDITIONS OF APPROVAL, IF ANY:		<b>*</b>	DATE	<u>' I</u>
	*			