	-	
NO. OF COPIES RECEIVED		Form C-193 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee.
OPERATOR	-	5. State Oil & Gas Lease No.
		B-7489
SUNDF (DO NOT USE THIS FORM FOR PR USE **APPLICA	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
Name of Cheritor Felmont Oil Corpor		8. Farm or Lease Name Hissom State
	GeTori	9. Well No.
3. Address of Operator	Gas Services, Box 763, Hobbs, New Mexico	1
	die ber trees ber lost mann in	10. Field and Pool, or Wildcat
4. Location of Well	1000 Y	N.Bagley Middle Penn
UNIT LUTTER	1980 FEET FROM THE North LINE AND 1980 FE	ET FROM
*		
THE West LINE, SECT	ION 15 TOWNSHIP 118 RANGE 338	_NMPM.
	DE DE CO	12. County
	15. Elevation (Show whether DF, RT, GR, etc.)	
	4273 KB	Loa
Check	Appropriate Box To Indicate Nature of Notice, Report	or Other Data
		QUENT REPORT OF:
1131132 31 .		
	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON		
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	n from Lower Penn to
OTHER	Middle Penn	
	Operations (Clearly state all pertinent details, and give pertinent dates, i	ncluding estimated date of starting any proposed
work) SEE RULE 1103.		
	una na nama da usas Assuu dad mbadan mam da	at Sat wat hwides
Perforated Mi	dele Penn 9878-80 with four jet shots per fo	NOTE MADE THAT DAM
plug at 9940,	packer at 9850 and acidized with 500 gallor	is regular acid. nan
mmh, kiekad	off and flowed 100 bbls oil. 33 bbis water.	fulfi TWOW. GUORE
estimated GOR	500. Pulled ret. plug and packer. Set see	il nipple in Baker "D"
packer at 10,		
becrat gr 100	400 •	
18. I hereby certify that the informati	on above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the informati	on above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the informati	-/	5.000 90 306E
18. I hereby certify that the informati	on above is true and complete to the best of my knowledge and belief.	DATE June 29, 1965
42.8	-/	DATE June 29, 1965
42.8	-/	DATE June 29, 1965
4 2.8	-/	DATE
APPROVED BY	TITLE Agent	
SIGNED The State of the State o	TITLE Agent	