NO. OF COPIES RECEIVED			Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSIONS G. C. C	
FILE		HAY 11 11 23 AM '6	5a. Indicate Type of Lease
U.S.G.S.		MAY 11 11 23 AM D	State 🗶 Fee.
OPERATOR OPERATOR			5. State Oil & Gas Lease No.
OF ENATION			
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.)			
l. OIL GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
canno Calif	The second secon	· ·	New exico "E"
3. Address of Operator		TRE	9. Well No.
ř• (• bo	27/2, Chades, Comus		4
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	1650 FEET FROM THE HOTEL	LINE AND	Liescalero- a increa
THE #85 LINE, S	ECTION TOWNSHIP	RANGE 32 1 NMPM	
mmmmmm	15. Elevation (Show whether	DE RT CR etc.	12. County
		DI, RI, OR, exc.	12. Sound
16.	/31 T.		l Lea XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	ck Appropriate Box To Indicate N		
NOTICE O	F INTENTION TO:	SUBSEQUEN	T REPORT OF:
DEDECTAL DEVEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
FUEL ON RETEN CASING	Change 12And	OTHER OTTOWAY	
OTHER			
work) SEE RULE 1103.	ed Operations (Clearly state all pertinent det	ails, and give pertinent dates, including	g estimated date of starting any proposed
Propose to an the	iollowing:		
and A279 - sotal 5 perfs. A244-1279 w sealers. Spot aci	ng, perf. 40 cag. w/casec holes. Run thg., holodour /2000 puls. 15 polowich at a across perfs. And wash pewab well and best. Italia ka	n and protor. Pocker so cobilized 1/5 pal. sceti eris. before acidizing.	t at appm. 1220. Acidize c acid. The 10 ball Use oreasel orine to spo
10 71-11		of marked and a second to the	
18.1 hereby certify that the inform	ation above is true and complete to the best	or my knowledge and belief.	
SIGNED T. C. M	Naskvell TITLE	Area superintendent	
		*	

CONDITIONS OF APPROVAL, IF ANY: