NO. OF COPIES RECE	IVED			Ferm C-103
DISTRIBUTIO	N			Supersedes Old C-102 and C-103
SANTA FE		NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
FILE		.la	20 11 52 AM '65	
LAND OFFICE		OUL :	TO 11 25 HM 83	Sa. Indicate Type of Lease State
OPERATOR	- 			State A Fee. 5. State Oil & Gas Lease No.
OPERATOR				8-9104
	SUNDRY	NOTICES AND DEPORTS ON	JWELLS	mmmmmilink
(DO NOT USE	THIS FORM FOR PROPUSE "APPLICATION	Y NOTICES AND REPORTS ON TO DEEPEN OR PLUG ON FOR PERMIT -" (FORM C-101) FOR SU	NELLO BACK TO A DIFFERENT RESERVOIR. ICH PROPOSALS.)	
1.				7. Unit Agreement Name
WELL 📤	GAS WELL	OTHER-		
2. Name of Operator				8. Farm or Lease Name
MONSANTO COMPANY 3. Address of Operator				Hope=State
				9. Well No.
Drawer 1829, Midland, Texas 4. Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM				Wildcat
UNIT LETTER	· · ·	FEET FROM THE	LINE AND FEI	ET FROM
THE East	LINE, SECTION	27 TOWNSHIP 128	RANGE	_ NMPM.
		15, Elevation (Show whethe	r DF, RT, GR, etc.)	12. County
		Est. G. L. 434	L*	Lea
16.	Check A	ppropriate Box To Indicate		
	NOTICE OF IN			QUENT REPORT OF:
PERFORM REMEDIAL W	ORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDO	۸ 📙		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASIN	s	CHANGE PLANS	CASING TEST AND CEMENT JOB	X
071150		<u></u>	OTHER	
OTHER				
17. Describe Propose work) SEE RULE	d or Completed Ope	rations (Clearly state all pertinent de	tails, and give pertinent dates, in	cluding estimated date of starting any proposed
,				
7-1-65:		24# & 32# J-55 ST&C car		
		% gel and 200 sx Class		
	Kan temp. s	urvey, top cement 700'	iron surface. WCC	9 hours.
7-2-65:	WOC 15 hour	s and tested casing wi	th 1200# for 30 minu	tes, held OK.
	The second secon	_		•
	11			
	-127	1		
		F. S.	* A	
	,		. 1	
	April 1945	and the second of the		
		8.0	CATOMINAM INDIVIDUAL I	
18. I hereby certify th	at the information a	bove is true and complete to the best	of my knowledge and belief.	
A = A A	111 11 1	<u>A</u>		
SIGNED 1. 7	<u>W- W/78</u>	TITLE	Dist. Prod. Supt.	DATE 7-19-65
			TOTAL TOTAL VAPO	. DATE
_		•		
APPROVED BY DATE				
CONDITIONS OF APP	ROVAL, IF ANY:	·		·