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NO. OF COPIES RECEIVED	~	Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		
OPERATOR		•
OFERATOR		5. State Oil & Gas Lease No.
		K-5212
SUNDRY	NOTICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. N FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
USE "APPLICATIO	N FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS D		7. Unit Agreement Name
WELL X WELL	OTHER-	_
2. Name of Operator		8. Farm or Lease Name
Southland Royalty Co	ompany	Combon 579 Chata
3. Address of Operator		Graham "A" State
1405 Wilco Blac M	idland Wowner 70701	_
4. Location of Well	Turanu, Texas /9/01	10. Field and Pool, or Wildcat
	10	
UNIT LETTER,8	10 FEET FROM THE South LINE AND 1980 FEE	T FROM Undesignated
THE LINE, SECTION	2 TOWNSHIP 11-S RANGE 33 E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
$\frac{1}{16}$	4231.5'	Lea
Check Ap	ppropriate Box To Indicate Nature of Notice, Report of	
NOTICE OF INT	ENTION TO	UENT REPORT OF:
	000024	CERT REPORT OF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	¬
TEMPORARILY ABANDON		ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TOTAL ON ACTEN CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	_
OTHER	OTHER	
	——————————————————————————————————————	
17. Describe Proposed or Completed Oper	ations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1 103.	, , , , , , , , , , , , , , , , , , ,	same of starting any proposed
ON 1-TO-01' SDOCEGO	osx 3778-3862'. 8 5/8" set @ 3862'	19501. 25 av 6662_61101.
Date completed 3-20-	off @ 976'. Pulled 977' 8 5/8" cas 376'. 344'. 0-15'. marker.	
$\mathbf{D} \cdot \mathbf{A}$	ove is true and complete to the best of my knowledge and belief.	
SIGNED DUP (/ TO GIL	Production Foreman	DATE # # #
	A FOCUCEION FOREMAN	DATE

CONDITIONS OF APPROVAL, IF ANY: