,			
DISTRIBUTION			Form C-103
SANTA FE		:	Supersedes Old C-102 and C-103
FILE	NEW MEXICO C	OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fac Fac
OPERATOR			5. State Oil & Gas Lease No.
(DO NOT USE THIS FOR	SUNDRY NOTICES AND REPO	RTS ON WELLS ON PLUG BACK TO A DIFFERENT RESERVOIR.	
1.	(FORM C.)	T) FOR SUCK PROPOSALS.)	
OIL AAS WELL	OTHER.		7. Unit Agreement Name
2. Name of Operator	~ T ~ T ~ T ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Uhilling Da	roleum Company	R. Farm or Lease Name
3. Address of Operator	MILKIPS PET	roleum (ompany	Landa TE
P CAL D	1.11: p// 0/	• /	9, Well No.
- Com 806, P/	11/11 ps Bldg. 7 Odes	53, Texas 79761	96
Location of Well	7100		10. Field and Pool, or Wildeat
UNIT LETTER	218 PER PROMISE	N LINE AND 660 TEE	FROM Vacrum - (Eloneta)
			rifffinite in the second
THE W	NE, SECTION33	175 3EF	
	1 TOWNSHIP	TANGE UJL	MMPM: ()
	15, Elevation (Shor	v whether DF, RT, CR, etc.)	12. County
		1	
6.	2111111111		189
	Check Appropriate Box To Ind	licate Nature of Notice, Report of	or Other Data
NOTIC	E OF INTENTION TO:		UENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABAN	FEMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPHS.	PLUG AND ABANDONINENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOS	TOO AND ABANDONINENT
		OTHER hocalcon	Leasing Nolves
OTHER			sauce (
		,	-
7. Describe Proposed or Com	pleted Operations (Clearly state all peri	inent details, and give pertinent dates, inc	luding estimated date of starting any proposed
λ		ball value - N f we with of well head	201 0
DUI. Cas;	2" MARS - 2 H.P.	ball value - NIL we	ll head
0:4	a muci		
Part Cas'	2" / look walne co	with of well hand	
17000 Case 1	a ococas was so	we read	
			•
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8. I hereby certify that the ini	ormarion above is true and complete to	the best of my knowledge and bellef.	
() (11)	// //		
1016 Hon T. Y	UND 4)	Filld Foreman	DATE 6-14-76
	TI	in the state of th	DATE
01 1	d do		
Vallen -	El Word	Field Ren 1	DATE 6/14/16
over by first war	W. Cary	THE WAY IN	DATE 6 / 1 / 1/49
ONDITIONS OF APPROVAL,	IF ANY:		