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NO. OF COPIES'RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old 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.
SUND	RY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PI USE "APPLICA	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER.	
2. Name of Operator Walter J. Nelson		8. Farm or Lease Name
3. Address of Operator		9. Well No.
2072 Mare, Salina, Kar	sas 67401	1
4. Location of Well	,	
UNIT LETTER P	60 FEET FROM THE North LINE AND 660 FEET FI	10. Field and Pool, or Wildcat
East		
THELINE, SECT	10N 31 TOWNSHIP 6-N RANGE 8-E NM	PM. (())
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		Torrance
Check	Appropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF I		NT REPORT OF:
	30032002	INT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	A. 750ms
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
	OTHER	<u></u>
OTHER Cement behind 51	Casing	
 Describe Proposed or Completed C work) SEE RULE 1 103. 	perations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
ve went to seidize and	erich toot some from 4500 to 4500 o	
TO WALL OU ROLLING AIM	swab test zone from 1532 to 1582 feet before we	abandon hole. About
December 15, 1967, we have	ope to be able to start the final phase in comp	leting this well.
e will place additions	l cement behind the $5\frac{1}{2}$ casing before additional	- WOLLE
The second secon	coment bening the jar casing before additional	l testing is made to
ake certain that the wa	ater zone at approximately 300 feet is isolated	from the zones
eing tested.	•	Transfer die delles
		ANIX Organija
		TO THE PROPERTY OF THE PARTY OF
		Nor 10 D. 7
		OCT 18 PM 1 22
8. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
Ter 12 Da	1	
IGNED Malland	relia manatan	
	TITLE Operator	DATE10_12_67
N 4/1 L		
PPROVED BY TO SANTEL	ua TITLE Oil & Das Inspector	DATE Mr. \$ 1967
ONDITIONS OF APPROVAL, IF ANY	:	DATE DATE
The state of the Allin	Mut TV	-