NO. OF COPIES RECEIVED		- N	
DISTRIBUTION			Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OU CON	ISERVATION COMMISSION	C-102 and C-103
FILE	HEW MEXICO DIE CON	\Rightarrow	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE		5.3 15.1	State Fee
OPERATOR	ĺ		5. State Oil & Gas Lease No.
		in the second second	of state on a das Lease No.
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	Y NOTICES AND REPORTS ON PROSALS TO DRILL OR TO DEEPEN OR PLUG ION FOR PERMIT -" (FORM C-101) FOR SE	N WELLS BACK TO A DIFFERENT RESERVOIR. UCH PROPOSALS.)	
OIL GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator	T 110/20	10	8. Form or Lease Name
3. Address of Operator	1, 1/2/30 VC		9. Well No.
2072 17100	-c. 5.1.	1.7	1.
4. Location of Well	1 04/11/6	Xausas	10. Field and Pool, or Wildcat
UNIT LETTER	FEET FROM THE C I	Line and	
	60 FEET FROM THE South	LINE AND 660 FEET FR	
THE LAST LINE, SECTIO	ON TOWNSHIP	A RANGE NMI	
	_0'	N $X \subseteq \mathbb{R}^{-1}$	
	15. Elevation (Show whether	r DF, RT, GR, etc.)	12. County
<u> Tillillillillillillillillillillillillill</u>	6045.01	GL 6250,51D	F - (111111111
Check A	Appropriate Box To Indicate 1		Other Par rance
NOTICE OF IN	TENTION TO:		NT REPORT OF:
			THE OR OT.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	FEGG AND ABANDONMEN!
		OTHER	
OTHER			
17. Describe Proposed or Completed Ope	orations (Classly state all and		The state of the s
· · · · · · · · · · · · · · · · · · ·			ng estimated date of starting any proposed
Rugas # 14 cm	11/1/000000 1	911 31. 10.00	35/11
@ 266 cinta u	1/174 5x Portla	d true 1 cmt.	5/2" 250 5516
2858', cnit's w/320 sx Portland type I and 51/2" esq landed			
in Braden head, slip and seal assembly installed on Dec., 1466 @ 1600 hours. Wish to drill in and test poss			
DEC., 1466 @	1600 hours.	Wish to drill	in and test poss
ible pay zone (5) @ 1580', 2500', atter 3 Jan. 1967.			
Thre pay zone	1380,2	2500', atter	3 Jan. 1967.
	1 Mg		
		·	
			4.
18. I hereby certify that the information a	shove is true and complete to the best of	of my knowledge and belief.	
51GNED_ J. CO. SC	Oan TITLE 9	oolpuster	DATE AT DO
06 4 d	teine mille	1660214	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
CONDITIONS OF APPROVAL, IFANY:	THE TITLE	9 Ms Inspector	DATE 1/1/67
Control of the state of the sta		" Klisti LL	 -