NO. OF COPIES RECEIVED						Form C-103 Supersedes Old		
DISTRIBUTION SANTA FE	NEW MEXICO	NEW MEXICO OIL CONSERVATION COMMISSION			C-102 and C-103 Effective 1-1-65			
FILE	THE WEATON	JIE CONSERVATIO	514 COMM1331014	Effective [-]-	•65			
U.S.G.S.				5a. Indicate Type	e of Lease			
LAND OFFICE				State	Fee.			
OPERATOR				5. State Oil & Go	as Lease No.			
SUN (DO NOT USE THIS FORM FOR	NDRY NOTICES AND REPORT TO DEEPE ICATION FOR PERMIT - " (FORM C-1)	ORTS ON WELLS	OIFFERENT RESERVOIR.					
1. OIL GAS WELL WELL	OTHER- Dry Hole	<u> </u>		7. Unit Agreemer	nt Name			
2. Name of Operator  M. H. Farr				8. Farm or Lease	e Name T			
P. O. Box 1697, A	marillo, Texas			9. Well No.				
4. Location of Well UNIT LETTER	1845 No	rth Line A	11:76	10. Field and Po	ol, or Wildcat			
l wast	6 COUNTRY TOWNSHIF	) <u>114</u>	)4E	VIIIIIII				
15. Elevation (Show whether DF, RT, GR, etc.)				<sup>12</sup> Union		/		
		1' 2	A.V		<i>(111111111111111111111111111111111111</i>	7		
	ck Appropriate Box To In f INTENTION TO:	dicate Nature of		her Data T REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND AB	ANDON REMEDIA	L WORK	ALTER	ING CASING			
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.					PLUG AND ABANDONMENT			
PULL OR ALTER CASING	CHANGE PLAN	S CASING 1	TEST AND CEMENT JOB			_		
		ОТНЕ	R					
OTHER								
17. Describe Proposed or Complete work) SEE RULE 1503.	d Operations (Clearly state all pe	rtinens details, and g	vive pertinent dates, including	g estimated date of	starting any propose	?d		
A 100' cement plus	was run. consisting	g of 10 sacks	heavy cement, th	en well was	filled			
to within 301 of t	top with heavy drill:	ing mud. then	the top was fill	ed with a co	ement			
plum consisting of	5 sacks of cement.	<b>Pegulation</b>	<b>marker was place</b> d	th above gr	cound.			
level, pits have b	een filled, and grow	and cleared o	f all junk.					
18. I hereby certify that the informa	ation above is true and complete t	o the best of my know	vledge and belief.					
SIGNED		TITLE Olonu		DATE /2/	12/20			
Nes	1.4.	Min 1	e		11/1/	_		
APPROVED BY	apleina	TITLE WILL BY	las Inspector	_ DATE <u>9/</u>	17/7/			
CONDITIONS OF APPROVAL, IF	Kny:	•	deste IV					