NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION	-D-+2		Supersedes Old	
SANTAFE	NEW MEXICO OIL COL	NSERTATION EDIDISSIO	C-102 and C-103 PN Effective 1-1-65	
FILE				
U.S.G.S.	M.E.	IR 2 1979	Sa. Indicate Type of Lease	
LAND OFFICE	MIL	m 2 19/9		ee 🗍
OPERATOR	_	_	5. State Oil & Gas Lease No	
OF ERATOR	₹	3. C. C.	L 2347	·
	****	ESIA. REFERENCE		m
SUNDRY	Y NOTICES AND REPORTS OF PLUGON FOR PERMIT - " (FORM C-101) FOR S	N WELLS		<i>//////</i>
	ON FOR PERMIT -" (FORM C-101) FOR S	SUCH PROPOSALS.)		77////
l.			7. Unit Agreement Name	
WELL L.J. WELL L.J	OTHER. Dry Hole			
2. Name of Operator			8. Farm or Lease Name	
DEPCO,Inc. √			Amoco State	
3. Address of Operator			9. Well No.	
800 Central, Odessa,	Геха s 7976 1		1	1
4. Location of Well			10. Field and Pool, or Wildo	
	60 West	1980		_,
UNIT LETTER	60 West	LINE AND	FEET FROM	~~~~~
2 11	26	100		VIIII.
THE South	N36 TOWNSHIP	TUS 29E	NMPM.	//////
				777777
	15. Elevation (Show wheth	er DF, RT, GR, etc.)	12. County	17771
	3979 GR		Chaves	//////
16. Charle A	Day To I II	N . (N .: D	0.1	~~~~~
	Appropriate Box To Indicate			
NOTICE OF IN	TENTION TO:	su	BSEQUENT REPORT OF:	
		•	****	
PERFORM REMEDIAL WORK			ALTERING CASING	
TEMPORARILY ABANDON	•		PLUG AND ABANDON	MENT X
PULL OR ALTER CASING	856.369 0.9200 0.82500		هور	•
	6 10			
OTHER	6 3 3			— 니
OTHER	J. WWV			
17. Describe Proposed or Comple	Co way		es, including estimated date of starting any	proposed
work) SEE RULE 1103.	8 000		, , ,	
2-24-79 Drilled	1 6 6			
	· A			
2-25-79 Ran 10g	7 %			
1				
2-26-79 Plugged .	S S R S S		o, 9200 9100, 8125-8025, 6	350.629
4050-39	~			
			face. Released rig 7:00 A	M
2-27-7؛ لړ	£ 0 }			
~	, , , , , , , , , , , , , , , , , , ,	-		
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6	1 6 7 4 4			
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	A 80 0 0 1			
	, 1 N N N Si			
	` .			
18. I hereby certify, that the info	-		•	
	1			
(XVX heras)	D. R. Mason TITLE	Chief_Clerk	DATE 3-1-79	
SIENED VIVIENCE SOY	D. R. Mason TITLE	Curer Clerk		
				.004
100 - C 000	01° 00	St ann	FEB 2 3 1	1981
APPROVED BY 1 WIRE DO NIGHT	TITLE_	OIL AND GAS LISPEGT	GA DATE	
CONDITIONS OF APPROVAL, IF ANY:				

CONDITIONS OF APPROVAL, IF ANY: