STATE ()F NEW MEXICO ENERGY AND M NERALS DEPARTMENT			
He. of COFFE RECEIVED	OIL CONSERVATECEIVED BY P. O. BOX		Form C-103 Revised 10-1-78
SANTA FE	SANTA FE, NEW	MEXICO 87501	Sa. Indicate Type of Lease
U.S.O.S.	JG 27 1986		State Fee X
LAND OFFICE	0.60		5. State Oil & Gas Lease No.
OPERATOR A	O. C. D.		
CONTRACTOR NOTE	CES AND REPORTS ON	WELLS	
SUNDRY NU I THIS FORM FOR PROPOSALS TO USE THIS FORM FOR PROFESSION FOR PER	DRILL ON TO DEEPEN OR PLUG BA	CK TO A DIFFERENT RESERVOIR. PROPOSALS.)	7, Unit Agreement Name
1.			7. Offic Agreement Prome
OIL X GAS OTHER			8. Farm or Lease Name
2. Name of Operator Pelto Oil Company			O'Brien "L"
2 Address of Operator		77000	9. Well No.
One Allen Center, Suite 1800), 500 Dallas, Hous	on, TX 77002	15 10. Field and Pool, or Wildcat
4. Location of Wall		1 (7 5	Twin Lakes
UNIT LETTER B . 950	FEET FROM THE North	LINE AND FEET F	TITITITES ASSOCIATION
THE East LINE, SECTION	6 99	7.WCF 29E N	APM.
i			The state of the s
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3975 GR		Chaves (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		ature of Notice, Report or	Other Data ENT REPORT OF:
NOTICE OF INTENT	ION TO:	2082500	ENT REFORE OF
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER LASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	Abandonment X
	<u></u>	other lemporary	Abartaorimere
OTHER			
17. Describe Proposed or Completed Operations	(Clearly state all pertinent det	ails, and give pertinent dates, incl	iding estimated date of starting any proposed
Temporarily abandoned Augus			
Temporarily abandoned Augus secondary recovery (waterf)	ood) operations.	CION DCIOW CCOMPONIC	
secondary recovery (watering	loody operations.		
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18. I hereby certify that the information above	is true and complete to the bes	of my knowledge and belief.	
Somie Malso	. + 17LE <u>Pr</u>	oduction Admin. Manag	er DATE 8-20-86
SIGNED &			NUO 0 0 4000
	Original Signed By Les A. Clementy		AUG 29 1986
APPROVED BY	Supervisor District II		
CONDITIONS OF APPROVAL, IF ANY:	المائدة والمواحمة الصوراء والإيلال		

CONDITIONS OF APPROVAL, IF ANY: