COPIES RECEIVED]			Form C-103	
TRIBUTION	- - -			Supersedes O C-102 and C-	
FE	NEW MEXICO OIL C	ONSERVATION OF METS	ONVED	Effective 1-1-	
FILE		K = -			
U.S.G.S.	4	NOV	1 1974	5a. Indicate Type State X	
LAND OFFICE OPERATOR		NOV	1 1374	5. State Oil & Go	Fee.
or Enaion .	J			E 277	
SUNDE	Y NOTICES AND DEPORTS	ON WELLS	neel07	innn	mmin
(DO NOT USE THIS FORM FOR PRI USE "APPLICAT	RY NOTICES AND REPORTS PROSALS TO DRILL OR TO DEEPEN OR PL TION FOR PERMIT - " (FORM C-101) FOR	UN WELLS ARTEMINISE SUCH PROPOSALS.)	A. TIFFICE		
1.			·	7. Unit Agreemen	t Name
OIL GAS WELL WELL	OTHER-				
2. Name of Operator				8. Farm or Lease	1 .
C. E. Lelius and B. H. fimor, Ar.				Collier N	
	for New Monday 90030			9. Well No.	
4. Location of Well	ia, New Mexico 88210	· · · · · · · · · · · · · · · · · · ·		1	
	The Court	% OGA		10. Field and Poo	•
UNIT LETTER,	1650 FEET FROM THE SOUT	LINE AND	FEET FROM		TPDU)
East	on 10wnship 1	7 S 27 F			
THELINE, SECTI	JN TOWNSHIP	RANGE	NMPM.		
	15. Elevation (Show whe	ther DF, RT, GR, etc.)		12. County	4111111/
				Eddy	
16. Check	Appropriate Box To Indicat	e Nature of Notice R	enort or Oth	er Data	
	NTENTION TO:			REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	A REMEDIAL WORK		ALTER	ING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OP	ıs.	PLUG A	ND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMEN	т јов [<u></u>
	Г	OTHER			
OTHER		- -			
17. Describe Proposed or Completed Or	perations (Clearly state all pertinent	details, and give pertinent d	ates, including e	estimated date of s	tarting any proposed
work) SEE RULE 1103.					, , ,
S / / **	•				
Well is to be pl	lugged by March, 1975.				
•					
18. I hereby certify that the information	above is true and complete to the hi	st of my knowledge and tolling			
)	to the and complete to the be	er or my knowledge and belle	-14		
P. n. marine	Maria Broad	Coerator		10/2	0/74
SIGNED 1. M. Thuring	TITLE_			DATE	
APPROVED BY W. C. Ste.	sset	L AND GAS INSPE CTOR		DATDEC	5 1974
CONDITIONS OF APPROVAL, IF ANY		L AND GAS INSPE CTOR		DATEUL, U	<u> </u>
SURDIFICIO OF REFRONAL, IF ANTE	appener 10-1-75				