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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

NOV 30 1967

B. O. G.
ARTESIA OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
F 3060

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator B. N. Muncy, Jr.	8. Farm or Lease Name COLLIER C STATE
3. Address of Operator P.O. Box 196 Artesia, New Mexico	9. Well No. 1 J
4. Location of Well UNIT LETTER J FEET FROM THE 1650 South LINE AND 1650 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 17 S RANGE 27-E. NMPM.	EMPIRE YATES SEVEN-RIVERS
15. Elevation (Show whether DF, RT, GR, etc.)	12. County EDDY

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well erroneously reported as temporarily abandoned.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *B. N. Muncy, Jr.* TITLE Operator DATE 11/30 1967

APPROVED BY *W. P. Grascett* TITLE _____ DATE 11/30 1967

CONDITIONS OF APPROVAL, IF ANY: