	<i>—</i>		
NO. OF COPIES RECEIVED 3			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CO	ONSERVATION COMMISSION E D	Effective 1-1-65
FILE IV		RELEIVED	
U.S.G.S.			5a. Indicate Type of Lease
		ALC 0 1070	State X Fee
LAND OFFICE		AUG 31 1979	
OPERATOR /		ĩ	5. State Oil & Gas Lease No.
· · · · · · ·			B-2071
SUNDRY N	OTICES AND REPORTS	ON WELLSARTESIA, DEFICE	
DO NOT USE THIS FORM FOR PROPOSA	ALS TO DRILL OR TO DEEPEN OR PL	UG BACK TO A DIFFERENT RESERVOIR. Such proposals.)	
1.			7. Unit Agreement Name
OIL GAS WELL			
	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Collier & Collier			Gillespie State
3. Address of Operator			9. Well No.
P.O. Box 798, Artesia, New Mexico 88210			#15
4. Location of Well		-	10. Field and Pool or Wildcat
			- Key Jake
UNIT LETTERB990) FEET FROM THE NOTT	1 LINE AND 1650 FEET FR	KSCT_KMATTO COLOS /
	27 TOWNSHIP	75RANGE28ENMF	
THE LINE, SECTION	UWNSHIP	NMI	V/////////////////////////////////
	15. Elevation (Show whe	ther DF. RT. GR. etc.)	12. County
		596.0	
	7/// 2.	J70 • 0	Eddy /////////
Check App	ropriate Box To Indicat	e Nature of Notice, Report or (Other Data
NOTICE OF INTE	-		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
OTHER.			
work) SEE RULE 1103. August 20, 1979 1449'. 10	9: Ran 1457' of 9 3 D' of 4 1/2" casing	1/2#, 4 1/2" Casing. Flo inside of 5 1/2" casing	stub. Pumped
	Class C cement. We at 2:00 p.m.	ll did not circulate. Cl	osed in bradenhead.
		Survey. Survey showed c ll still flowing water.	
	wing water. Checked	Class C cement. Well di d well 4 hrs. later. Wel	
		Survey. Showed no cemen to 550'. No water movem	
18. I hereby certify that the information abo	we is true and complete to the b	est of my knowledge and belief.	,,,,,,,
ALENED Cheri M	Dox K TITLE_	Secretary	DATE 8/30/79
will, a, Bres	set	SUPERVISOR, DISTRICT.	SEP 1 2 1979
······	·	and the second	

CONDITIONS OF APPROVAL, IF ANY:

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