F				
NO. OF COPIES RECEIVED	3			Form C-103
DISTRIBUTION				Supersedes Old
SANTA FE		NEW MEXICO OIL CONS	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	V			
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State 🗶 🛛 Fee
OPERATOR				5. State Oil & Gas Lease No.
L				B-10021-5
			WELLS	
(DO NOT USE THIS F	ORM FOR PROP	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG B ON FOR PERMIT -" (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR.	
1.		on FOR FERMIT = (FORM COTOT) FOR SUC	H PROPOSALS.)	7. Unit Agreement Name
OIL GAS		OTHER-		
2. Name of Operator				8. Farm or Lease Name
Ban Amonton		- Comonati en 1		State "CC"
3. Address of Operator	recroted	um Corporation V		9. Well No.
•				9. Weil 100.
Box 68 - Hobt	1			
			3/05 35	10. Field and Pool, or Wildcat
UNIT LETTER	22	88.04 FEET FROM THE North	LINE AND FEET FR	Wildcat
THE East	LINE, SECTIO	N 31 TOWNSHIP 17-S	RANGE 28-E	
())))))))))))))))))))))))))))))))))))		15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
$\Delta M M M M M M M M M M M M M M M M M M M$				Eddy
16.	Check A	Appropriate Box To Indicate N	ature of Notice Report or (ther Data
NOT		TENTION TO:		NT REPORT OF:
			30832002	NT REFORT OF:
PERFORM REMEDIAL WORK	_	PLUG AND ABANDON	REMEDIAL WORK	
L L L L L L L L L L L L L L L L L L L		FLOG AND ABANDON		ALTERING CASING
TEMPORARILY ABANDON	=-	[COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	J	CHANGE PLANS	CASING TEST AND CEMENT JOB	-
			OTHER Status of We	1
OTHER				
17 Describe Drepend or C				

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.

I

On 7-3-61, this well was temporarily abandoned by closing wellhead values. Well to remain in this status pending further evaluation and possible use as an Empire Abo Field Secondary recovery program input or salt water disposal well. Status of well has not changed since report approved October 20, 1966.

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0 & 2 - NMOCC-Art. 1-File NSW)

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Original Signed by: V. B. STALBY							
SIGNED	V. B. STAURI	TITLE _	Area Superintendent	DATE April 26, 1967			
APPROVED BY	Will Greacett	TITLE _	UIE AND DAY INCREGTOR	FR 2 8 1967			

CONDITIONS OF APPROVAL, IF ANY:

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