O COPIES RECEIVED	*		· Was		Form C-103	,	
TRIBUTION		osca osca	:IV FN		Supersedes Old C-102 and C-10		
· FE	NEW	MEXICO OIL CONST	ENVATION COMMISSION		Effective 1-1-65	ڼ	
r _ Ē	N			Г	a. Indicate Type o	of Leane	
U.S.G.S.]	S	Faa []	
LAND OFFICE		-		-	State [] F 5. State Oil & Gas	-ed <u> </u>	
OPERATOR		0. 0	. O.	1			
		ADTERIA	OFFICE		LC-063926	mmm	
	SUNDRY NOTICES AN	ND REPORTS ON	WELLS				
(DO NOT USE THIS FORM USE "A	FOR PROPOSALS TO DRILL OPPLICATION FOR PERMIT -"	TO DEEPEN OR PLUG BA (FORM C-101) FOR SUCE	ECK 10 % DIFFERENT NEDERLEDING		71111111	77777777	
1.					7. Unit Agreement Name Sq. Lake Flood, West		
OIL GAS WELL WELL	OTHER-		WIW - SI		8. Form or Lease 1		
2. Name of Operator							
Newmont Oil	Company				Geo.	ETZ	
3. Address of Operator					9, 11011 7101		
P. O. Box 1305, Artesia, New Mexico 88210					10. Field and Pool, or Wildcat		
4. Location of Well						(Q-6) G-SA	
UNIT LETTER F	19801 FEET F	ROM THE North	LINE AND F	EET FROM	77777777	ininin	
West Lini	E, SECTION35	_ TOWNSHIP16	RANGE30	— нмрм. (
					12. County	41111111	
	11111111111111111111111111111111111111	evation (Show whether	DF, KI, GK, etc./		Eddy		
						<i></i>	
16.	heck Appropriate B	ox To Indicate N	ature of Notice, Report	t or Othe	r Data		
NOTICE	OF INTENTION TO	:	SUBSE	EQUENT	REPORT OF:		
				$\overline{}$			
PERFORM REMEDIAL WORK	P	LUG AND ABANDON	REMEDIAL WORK	H		NG CASING	
TEMPORARILY ABANDON		,	COMMENCE DRILLING OPNS.	H	PLUG AN	ID ABANDONMENT	
PULL OR ALTER CASING	с	HANGE PLANS	CASING TEST AND CEMENT JOB	nead to	surface	ХX	
			OTHER				
OTHER							
17. Describe Proposed or Comp	pleted Operations (Clearly	state all pertinent dete	ails, and give pertinent dates,	including e	stimated date of s	tarting any proposed	
work) SEE RULE 1103.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				*•		
Casing on clamp -]" piped to sur	face.					
casting on cramp							
	•						
	•						
18. I hereby certify that the in	famotion shows in tone on	d complete to the best	of my knowledge and belief.				
18. I hereby certify that the in	TOTIONSTION SHOWE IS TIME ST	1	•				
	1 miel	M - (Office Manager		DATE 7/	/25/80	
SIGNED EMENT	4. Illa foringe	TITLE					
	1				41.58	9 Q 100 N	
Mi	1. Wellen	01	L ARD GAS INSPECTOR		DATE JUL	2 9 1980	
1100	~ WNUUM	TITLE			~		

CONDITIONS OF APPROVAL, IF ANY: