NO. OF COPIES RECEIVED		Supersedes Old
DISTRIBUTION	RECEIVED	C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	Jun 5 1979)	Sa. Indicate Type of Lease
U.S.G.S.		State X Fee
LAND OFFICE	O. C. C.	5. State Cil & Gas Lease No.
OPERATOR	ARTESIA, OFFICE	2029
		mmmmm/
(DO NOT USE THIS FORM FOR PROPOSAL	OTICES AND REPORTS ON WELLS. 15 TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 16 PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
1.	The state of the s	7. Unit Agreement Name
	THER-	
2. Name of Operator Collier & Collier		8. Farm or Lease Name Gulf-Fluss
3. Address of Operator		9. Well No.
	sia, New Mexico 88210	# 2
4. Location of Well		10. Field and Pool, or Wildcat
P 990	FEET FROM THE SOUTH LINE AND 330 FEET F	East Empire Yates 7-R
UNIT CELLER	- 100 1100 1100 1100 1100 1100 1100 110	
THE East LINE, SECTION 2	22 FOWNSHIP 17S RANGE 28E NE	ирм. ()
***************************************	W. D. C.	
	15. Elev-ition (Show whether DF, RT, GR, etc.)	12. County
$\frac{1}{6}$	3580.0	Eddy
Check Appr	opriate Box To Indicate Nature of Notice, Report or	
NOTICE OF INTER	NTION TO: SUBSEQU	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE BRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
, gez an neran aname	OTHER	
отнея		
	ons (Clearly state all pertinent details, and give pertinent dates, inclu	ding actimated date of starting any proposed
work) SEE RULE 1103.	ons where the arrangement actuals, and give perment duess, onco	and comments a fact of starting any proposed
April 29	1979 - Ran Temperature Survey.	<u> </u>
may 24, 19	979 - Back-filled with 4 yds ready mix. D to surface.	Id not come
T 1 1.		
June 1, 1	979 - Back-filled with 🗸 yds ready mix to	surface.
	•	
18. I hereby certify that the information above	re is true and complete to the best of my knowledge and belief.	
Calair m	Secretary	DATE 6/4/79
SIGNED JULIA 1. 1.0	W. C.	
2104	A DISTRICT DISTRICT	JUN 6 1979
APPROVED BY W. M. STU	Secretary  Secretary  SUPERVISOR, DISTRICT I	DATE
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CONDITIONS OF APPROVAL, IF ANY: