OF COPIES H	LCLIVED	ļ					RECE	: /E		Form C-103			
DISTRIBUT	L10N	 								Supervodes : C-102 and C			
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, 164 00}	956 THIS FO	AM FC	H PHC	DIRGIOT CLARGE	AND REPOR	OR FILLS E	SACK TO A DIFFERENT #	ESERVOIR.					
OIL XXX				OTHER-					7.	Unit a greeme	nt Nan.e		
WM. N. BEACH										o, Form or Leose Name NM			
P. O. Box 3669, Midland, TX 79702										woll No.			
. Luc dun of we	•					·			13). Field and P	col, or W	ildeat	
UNIT LETTER	A			660	T FROM THE NO	orth	LINE AND _660	FE1	r FROM	East Re	ed La	ake OC	
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				111111111111111111111111111111111111111	Elevation (Show	unether	DF, RT, GR, etc.)		12	County			
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	NOTIO			Appropriate NTENTION T		icate N	Nature of Notice			Uata EPORT O F	:		
					PLUG AND ABAH	2011	REMEDIAL WORK		_j				
THEORM REMIDIA					PEUG AND ABAR	73.7M	COMMENCE DRILLING	- Lane :			RING CAS	DONMENT	
UR ALTER CA		1			CHANGE PLANS		CASING TEST AND CE	4 5-±	ZIX ZIX	. 200	AND ADAI	.SOMMENT	
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marries in	ased of Co	molet	ed Or	perations (Clear	rly state all pert	inent deta	l ails, and give pertine	nt dates inc	Indina est	imated date of	starting	any proposad	
work) SEE RE	JLE 1103.	,			ul.		g F		The true		oraning.	any proposed	
9-21-79	TD 24	11	20	+ 0_5/0		14		150 6					
J &I /J	by pu	mro me	an	g blug m	ethod-cm	14-ce nt di	mented with d not circ	n 150 S	SX Cla	ss C ar	id 2%	CaCl/s	
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					nnular s	space	with 3 yas	rds of	readv	-mix-wi	th n	er-	
	missi	on	of	Mr. W.	A. Gress	sett	•				_. .		
9-22-79	WOC	16	h	ours, th	nen resum	ned d	rilling.						
10 0 70	mp 3.0						-						
10-9-79	TD 16	50'	,	ran 1650	'' 4½ csg	y <u>1</u> 1	.6# csg. ce	emented	with	. 150 sx	cl.	ass C	
	1ef+	643	12, 1	mix and	Z Gal.	and	5# salt/sx.	. Brid	lged o	ff-			
	1010	043	`	Jement 1	n pipe-c	aic.	T.O.C. out	iside p	ipe i	s 1030,	•		
0-10-79	Rig u	p t	0 0	drill ou	t cement	in	pipe.						
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. I hereby certif	v that the	inform	ation	above is true a	ind complete to t	the best o	of my knowledge and	belief.					
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	or Regor	rd 9	nly				form repution r	Wescon.	77				
SHAOVED BY		Ž	re	sse t			SUPERVISOR, L	MOT RICT	Ц.	OC7	1 2	1979	

ONDITIONS OF APPROVAL, IF ANY: