Submit 3 Conies	State of New Mexico		_	4	Form	C-103 /	
Submit 3 Copies to Appropriate District Office	Encoy, Minerals and Natural Resources Department		Revised 1-1-89				
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION P.O. Box 2088					
DISTRICT II		Santa Fe, New Mexico 87504-2088			30-015-26149		
P.O. Drawer DD, Artesia, NM 88210		SEP 21 189			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0				6. State Oil & Gas Lease No. V-1151		
SUNDRY NO	TICES AND REPORT	S ON WIFE S OFFICE	<del></del>			7////////	
( DO NOT USE THIS FORM FOR I		TO DEEPEN OR PLUG ION FOR PERMIT		7. Lease Name	or Unit Agreement N	eme	
1. Type of Well: OIL GAS				1 .			
OR GAS WELL   2. Name of Operator	Х отне	R.			West Bank		
Santa Fe Exploratio	n Company	mnany		8. Well No. No. 1			
3. Address of Operator	company			9. Pool name or	Wildcat	<del></del>	
P. O. Box 1136, Ros	well. New Mexico	88202-1136		Und. Ke	nnedy Farms	Morrow	
	660 Feet From The SC	outh Lie	e and 6	60 Feet Pro	on TheWe	St Line	
Section 36	Township 17-Sou	th Range 26-	East	NMPM	Eddy	County	
	10. Elevation (	Show whether DF, RKB, R 37.5 Feet GR.	T, GR, etc.)				
Ti. Chec	k Appropriate Box to	Indicate Nature o	f Notice, R	eport, or Other	er Data		
	NTENTION TO:			_	REPORT OF	•	
PERFORM REMEDIAL WORK	PLUG AND ABAND	DON E REMEDI	AL WORK		ALTERING CASI	_	
TEMPORARILY ABANDON	CHANGE PLANS	COMME	NCE DRILLING	OPNS. X	PLUG AND ABA	NDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE					
OTHER:		OTHER:					
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all perti	nent details, and give perti	nent dates, inclu	ding estimated date	of starting any propo	sed	
. September 16, 1989	; 2:15 PM		: .		N.		
RU Cable Tool Unit				A			
Drill under 20" Co	nductor Pipe						
Progress - 3 feet;	T.D 29 feet			٠	•		
WORT.		•	•				
			•		· ·		
	9						
I hereby certify that the information above is	true and complete to the best of my	knowledge and belief.	. ]	•	C =	00 100	

SKINATURE Zichon	chard C. Gilliand	muz Petroleum Engineer	DATE Sept. 20, 1989 (505) TELEPHONE NO. 623-2733
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT		SEP 2 6 1989
CONDITIONS OF APPROVAL, IF A	NY:	— TITLE —	DATE