	1			
NO. OF COPIES RECEIVED	6	,		Form C-103
DISTRIBUTION	<u> </u>		RECEIVED	Supersedes Old C-102 and C-103
SANTA FE		L	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		1	FEB 1 9 1973	
U.S.G.\$.			PED 1 7 13/3	5a. Indicate Type of Lease
LAND OFFICE				State X Fee.
OPERATOR	3)		o. C. S.	5. State Oil & Gas Lease No.
	•		ARTESIA, OFFICE	B-2130
	vinnininininininininininininininininini			
(DO NOT USE THIS FO	RM FO	RPRO	Y NOTICES AND REPORTS ON WELLS POSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.			(other o for first ooder thorough carry	7, Unit Agreement Name
OIL X GAS		}	OTHER. RIPPING	n Grayburg-San Andres Ut.
2. Name of Operator	8. Farm or Lease Name			
A				
3. Address of Operator			Production Company	Tract 1
F	ox (67	Loco Hills, New Mexico 88255	S. Well No.
4. Location of Well			2000 122-03 200 1102-05 002//	10. Field and Pool, or Wildcat
		_	000	, i
UNIT LETTERH_			280 FEET FROM THE North LINE AND 660 FEET FROM	Square Lake
			•	
THE East	INE,	SECTI	N 2 TOWNSHIP 17 S RANGE 30 E NMPM.	
		•		
	////	III	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	7777	777,	3755 GL	Eddy
16.	Che	eck	Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTI			TENTION TO: SUBSEQUENT	
PERFORM REMEDIAL WORK	7		PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	Ħ.		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	า ี		CHANGE PLANS CASING TEST AND CEMENT JOB	PEOG AND ABANDONMENT
			OTHERStimulate	Y
OTHER			OTHER SOMEWOOD	L X
17. Describe Proposed or Co	mplet	ed O	erations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.				
Cleaned	out	to	3196. Removed old $5\frac{1}{2}$ liner, set and cemented	$4\frac{1}{2}$ " liner from
			GR-Acoustic log, perforated 3168-76, 3008-18,	
			addle packers and treated each zone with 500 gal	
			Lled water, 25,000# sand. Removed packers, equi	
			ion on 2-2-73.	
F F				
		Pro	duction before workover / BOPD	
			luction after workover /O BOPD	
		110	decion area worker >C Dorp	
			,	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Original	sig	ned	by	
D. R. Tas	_		Area Sunervicor	DATE 2-6-73
SIGNED DO ITO IN			TITLE MICH DUDEL VIBOL	DATE
1,1 P	X	1/1.	11/7	FFR 2 0 1070
APPROVED BY CO. CI	94		2260 TITLE DIL AND GAS INSPECTOR	PATE FEB 2 0 1973

CONDITIONS OF APPROVAL, IF ANY: