## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA FE		
FILE	1/	レ
U.S.G.S.	1/	
LAND OFFICE		
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## OIL CONSERVATION DIVISION

	≦	2020	For: C-103
DISTRIBUTION	P. O. BOX 2088  SANTA FE, NEW MEXICO 87501		Revised 10-1-78
BANTA FE	SANTA FE, NEW	MEXICO 87501	Sa. Indicate Type of Lease
V.S.G.S.	=		
LAND OFFICE	-	RECEIVED	State Federal Fee
OPERATOR /	-		5. State Oil & Gas Lease No.
		APR 9 1979	NM-2747
(DO HOT USE THIS FORM FOR IT	RY NOTICES AND REPORTS ON ACROSALS TO TRILL ON TO DELPEN OF PLUG OLATION FOR PERMIT - FORM C-101) FOR SUC	WELLS ACT TO A DIFFERENT RESERVOIR.	
1. 015 TZ 6A5	OTHER-	O. C. C. ARTESIA, OFFICE	7. Unit Agreement Name
2. Name of Operator	UTACA		8, Farm or Lease Name
WINDFOHR OIL COM	DANIV	•	Jackson "B"
	FAIVI D		9. Well No.
3. Address of Operator	Non Marrian 89210	•	24
	a, New Mexico 88210		10. Field and Pool or Wildcat
4. Location of Well		2201	
UNIT LETTER _ L	8701 FEET FROM THE South	LINE AND SOU FEET FRO	mmmmmm <sup>*</sup>
	110N 24 TOWNSHIP 17S		
THE WEST LINE, SECT	TOWNSHIP	RANGE	
mmmmm	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
			Eddy
	Appropriate Box To Indicate N	Nature of Notice, Report or O  SUBSEQUEN	ther Data IT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB  OTHER Bradenhead to	ALTERING CASING  PLUG AND ABANDONMENT  Surface  X
OTHER		1	
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent det	cails, and give pertinent dates, includi	ng estimated date of starting any proposed
Conventional brad	denhead piped to surface w	with 2" valves.	
Witnessed by: N	.M.O.C.C. on Feb. 27, 1979	<b>.</b>	
			v (° million and a significant and a significan

18. I hereby certify that the information above is true and complet	e to the best of my knowledge and belief.	
DIENED Rayford Starpley	Production Superintendent	DATE Mar. 19, 1979
APPROVED BY Mike Williams	TITLE OIL AND GAS INSPECTOR	APR 3 0 1979
CONDITIONS OF APPROVAL, IF ANY:		