NO. OF COPIES RECEIV	ED					Form C-103		
DISTRIBUTION SANTA FE		RECEIVED	BY CO	SERVATION COMMIS	CION	Supersedes C C-102 and C-	103	
FILE	1/	IL II MEA	CO OIL CON.	SERVATION COMMIS	21014	Effective 1-1-	65	
U.S.G.S.		DEC -9 19	985			5a. Indicate Type	of Lease	
LAND OFFICE		1				State X	Fee	٦ :
OPERATOR		O. C. [).			5. State Oil & Go		
		ARTESIA, OF	FICE			B-88		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)								
1.	GAS WELL	OTHER-	/	A PROPOSALS.)		7. Unit Agreemer	t Name	77
2. Name of Operator	igan Oil Co	rnoration V			···	8. Farm or Lease		
3. Address of Operator	ican Oil Co	rporacion ·				Etz "B"	State	
	31 - Suita	400	Midland, 1	exas 79701)	
4. Location of Well	all - Suite	400	ilulanu, i	exas /9/01		10. Field and Po		
-	7 100	20	North	100	3	1	•	
UNIT LETTER	,,	DU FEET FROM TH	E NOLUI	LINE AND 1980	FEET FROM	Grayburg	Jackson	~
Fast		16	179	S RANGE 301	F.			//
THE	LINE, SECTION	TOW!	15HIP	RANGE	NMPM.			$/\!\!/$
		15. Elevation	(Show whether	DF, RT, GR, etc.)		12. County	<i>XHHHH</i>	17
			3679	GR		Eddy	VIIIIII	//
16.	Check Ap		o Indicate N	lature of Notice,	=	ner Data REPORT OF:		
					<u></u>			_
PERFORM REMEDIAL WOR	* 📙	PLUG AN	D ABANDON	REMEDIAL WORK	H		ING CASING	_
TEMPORARILY ABANDON				COMMENCE DRILLING O		PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING		CHANGE	PLANS	CASING TEST AND CEM		+. i	ingtion T	ΨĪ
OTHER				other <u>Chang</u>	e from pro	<u>ducer to in</u>	<u>lection</u>	X
17. Describe Proposed of work) SEE RULE 1	or Completed Operations.	utions (Clearly state a	ll pertinent dete	l zils, and give pertinent	dates, including	estimated date of s	itarting any propos	sed
11-19-85	MTDII D	OH w/rods & th	ođ					
		•	-	p. RIH w/2 3,	/O" placti	lined the	c	
11-20-85			me. on ce	p. Kin w/2 3,	o brazeri	Tilled thy.	α	
12-1-05	_	set @ 2449'.						
12-1-85	Started in	rjection.						
						_		
						Pasi	3-86	
						7-	3-86	
						•	n Prod. t	• 🔺
						Tro		•
							WIW	
					-			
18. I hereby certify that	the information ab	ove is true and comple	te to the best o	of my knowledge and be	lief.			
////								
SIGNED / CIN K	Zeuson		TITLE MOT	ahans Distric	t Manager	DATE Dece	ember 5, 198	85
		•						=
320 L.	Weller		í	DIL AND GAS IN	ichemen.			
APPROVED BY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		TITLE	TO CAU UNIA	WILLIAM TO THE STATE OF THE STA	DATE DE	1 2 1985	