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DISTRIBUTION		1			Form C-103 Supersedes C	Old	
SANTA FE		N#F1	M NEXICO OIL CONSERV	ATION COMMISSION	C-102 and C-	·103	
FILE	-		SMOCOFFICA rtesia	ATTON COMMISSION	Effective 1-1-	-65	
U.S.G.S.		7	- File		5a. Indicate Type	e of Legge	
LAND OFFICE	1	-	LTTE		State XX		
OPERATOR	 					Fee	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J			5. State Oil & Go B-1565	IS Ledse No.	
(SUNDR	Y NOTICES	AND REPORTS ON WE	LLS		ennanna.	
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.)							
OIL GAS WELL		OTHER-			7. Unit Agreemen	nt Name	
2. Name of Operator OIL C	STATE LES	STATE LEGS Name					
3. Address of Operator EOX 2	49, HO	BBS, MEW M	EXICO 98240		92 Well No.		
4. Location of Well		660	NORTH	660	GRĀÝBURGP	PACK SUNCE	
UNIT LETTER		FEET	FROM THEL	INE AND FEET			
LACT		16	17-s	30-£			
THEL	INE, SECTIO	ON	TOWNSHIP	RANGEN	MPM.		
	11111	15. E	levation (Show whether DF, 3568 GR	RT CR etc.	10 Courts	7/////////	
			35881 GR	tr, ort, erery	EDDY EDDY		
16.	Chook	Appropriate I	Pow To Indiana Nat	(N) : D		<u> </u>	
NOTIO		Appropriate E		re of Notice, Report or	: Other Data JENT REPORT OF:		
				3083500	ENT REPORT OF:		
PERFORM REMEDIAL WORK]		PLUG AND ABANDON REA	MEDIAL WORK	1		
TEMPORARILY ABANDON	j			MMENCE DRILLING OPNS.		ING CASING	
PULL OR ALTER CASING	า			ING TEST AND CEMENT JOB	PLUG A	AND ABANDONMENT	
<u></u>	J		— I · · · ·			<u></u>	
OTHER				OTHER	·····	LJ	
 Describe Proposed or Co. work) SEE RULE 1103. 	mpleted Op	erations (Clearly	state all pertinent details,	and give pertinent dates, inclu	iding estimated date of :	starting any proposed	
Set 8-5/8" and 1/4# fl	24 # J-9 ocele 7	55 Casing (per sack.	@ 509'. Cemented Plug down at 4:3	11-28-72. Drille with 250 sacks Cl O A.M. 11-29-72. drop in pressure.	lass "H" with 2	527'. 2% Cacl Tested	
ORIGINAL SIGN	IED BY:	above is true and		knowledge and belief.	12-1	1-72	
PPROVED BY 1	J.	ressett	TITLE OIL AND	GAS INSPECTOR	DATE DEG	1 3 1972	

WLG/bh

CONDITIONS OF APPROVAL, IF ANY: