NO. OF COPIES RECEIVED			Form C-103		
DISTRIBUTION		Supersedes Old			
SANTA FE	NEW MEXICO OIL CONS	C-102 and C-103 Effective 1-1-65			
FILE		K.E. G.E.	211001140 1-1-	03	
U.S.G.S.			5a. Indicate Type	of Lease	
LAND OFFICE		NOV 1 1974	State X	Fee.	
OPERATOR 7		1401	5, State Oil & Ga		
			0.5		
CHINDDY	NOTICES AND DEPORTS ON	WELL O TOTAL	milion.	mmm	
SUNDRY NOTICES AND REPORTS ON WELLSARTESIA, DEFICE (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.	FOR PERMIT -" (FORM C-101) FOR SUC	H PROPOSALS.)	7 17 17 17 17 17 17 17 17 17 17 17 17 17	111111111111111111111111111111111111111	
OIL Z GAS			7. Unit Agreemen	.t Name	
2. Name of Operator	OTHER-				
			8. Farm or Lease Name		
David G. Collier /			Welch State		
3, Address of Operator			9. Well No.		
F. O. Box 798, Artesia, N. M.			\mathcal{E}		
4. Location of Well				10. Field and Pool, or Wildcat	
UNIT LETTER J 2390 FEET FROM THE SOUTH LINE AND 2390 FEET FROM				Artesia .G.S.A.	
THE Bast LINE, SECTION 17 TOWNSHIP 188 RANGE 285 NMPM.			HHHHH		
	107113714	RANGE NMPM	MIIIIII		
15. Elevation (Show whether DF, RT, GR, etc.)			12, County	7////////	
			Eddy		
Check Appropriate Box To Indicate Nature of Notice, Report or Oth					
NOTICE OF INT	ENTION TO:	SUBSEQUEN	T REPORT OF:		
				_	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER	ING CABING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOS			
Mm - 4 - 4	· •	OTHER			
OTHER <u>Test for Produ</u>	iction X				
17 Describe Bronned of Completed Open	tions (Classic same all assistant de				
17. Describe Proposed or Completed Opera work) SEE RULE 1905.	tions (Clearly state all pertinent act	ins, and give pertinent dates, including	z estimated date of s	itarting any proposed	
As soon as possible produces enough oil and abandon it.	e will run Tubing o	nd Rods , test well reduction, if not w	and if it ill plug		
18. I hereby certify that the information abo	ove is true and complete to the best of	f my knowledge and belief. ${}_{\mathcal{A}}g$ e n t	DATE	/28/74	
Wa h	enet a	IL AND GAS INSPECTOR	NU/	v 1 8 1974	

CONDITIONS OF APPROVAL, IF ANY: CIPINE 16-1-75