	T	`́`	Form C-103			
NO. OF COPIES RECEIVED	+		Supersedes Old			
DISTRIBUTION	+	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65			
SANTA FE	+					
FILE	+ +		5a. Indicate Type of Lease			
U.S.G.S.			State 🔀 Fee			
LAND OFFICE	++		5. State Oil & Gas Lease No.			
OPERATOR						
	SUNI	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name			
1. OIL GAS WELL WEL		OTHER-				
2. Name of Operator American Petr	8. Farm or Lease Name Resler Yates State					
3. Address of Operator			9. Well No.			
	Spri	ng, Texas 79720	45			
4. Location of Well	10. Field and Pool, or Wildcat					
4. Locution of went		2390 FEET FROM THE South LINE AND 230 FEET FRO	Artesia			
		TIONTOWNSHIPRANGE				
	12, County Eddy					
16. NOT		k Appropriate Box To Indicate Nature of Notice, Report or O	ther Data IT REPORT OF:			
PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [PULL OR ALTER CASING [PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JQB OTHER	ALTERING CASING			
OTHER		d Operations (Clearly state all pertinent details, and give pertinent dates, includi				
17. Describe Proposed or C	,ompiete	a Operations (dreatly state are perturbed about of and Birt f the state of the	-			

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work) SEE RULE 1103.

7-31-68 Ran 2220' of 2" EUE tubing and circulated hole with 10# mud. Pulled tubing up to 2168' and spotted 25 sack cement plug.

	Shot off 4 1/2" casing at 1189'. Spotted 25 sack cement plug at 1179'. Pulled 4 1/2" casing up to 300' and spotted 25 sack cement plug (base of 10 3/4"). Finished pulling 4 1/2" casing, placed 5 sack cement plug in top of 10 3/4" casing and set pipe marker.
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RECEIVED OCT 1 1 1968 C. C. C. ARTESIA, OFFICE

JCC/js

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.												
And War and M. Denson					DATE	Octobe r	10, 1	1968				
- Diller	TITLE				DATE	0000	12	38_				

CONDITIONS OF APPROVAL, IF ANY: