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				$\hat{\mathbf{x}}_i^{i}$				
NO. OF COPIES RECEIVED	3	RE	CEIVED		Form C-103			
DISTRIBUTION					Supersedes O C-102 and C-			
SANTA FE	NEW MEX	ICO OIL CONGE	TY 2 18 1979 MISSION		Effective 1-1-			
FILE	<u>/ </u>		HI 28 13/3					
U.S.G.S.	· ·				5a. Indicate Type	of Lease		
LAND OFFICE			0. C. C.		State X	Fee.		
OPERATOR		ARTESIA, OFFICE			5. State Oil & Gas Lease No.			
					B-115	595		
S	SUNDRY NOTICES AND FOR PROPOSALS TO DRILL OR TO PPLICATION FOR PERMIT -" (FOR	REPORTS ON I	WELLS			MITTE	TT	
	PPLICATION FOR PERMIT - ** (FOR	M C-101) FOR SUCH	PROPOSALS.)	R.			7777	
I. OIL X GAS WELL	OTHER-				7. Unit Agreemer	it Name		
2. Name of Operator						8. Farm or Lease Name		
Collier & Collier ✓					Gulf State			
3. Address of Operator					9. Well No.			
P.O. Box 798	, Artesia, New Mex	ico 88210			#2			
4. Location of Well					10. Field and Po	ol, or Wildcat		
UNIT LETTER O	. 990 FEET FROM T	HE South	LINE AND 2310	FFFT FROM	Artesia O	ueen Gr. S	3-A	
						TITTI.	111	
THE East LINE	, SECTION 23 TOW	VNSHIP 18S	RANGE 28E	NMPM.				
	15. Elevation	on (Show whether L	F. RT. GR. etc.)		12, County	44444	##	
15, Elevation (Show whether DF, RT, GR, etc.)				Eddy		////		
					<u> </u>	<u> </u>	7777	
	heck Appropriate Box T	lo Indicate Na	sture of Notice, Repo	ort or Oth	er Data			
NOTICE	OF INTENTION TO:		SUBS	SEQUENT	REPORT OF:			
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WORK		ALTER	ING CASING		
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	H		AND ABANDONMEN	. H	
PULL OF ALTER CASING	CHANGE	PLANS	CASING TEST AND CEMENT JO	, X	7.00	IND ABANDONMEN	لــا '	
		١	OTHER	- (.25				
OTHER								
17. Describe Proposed or Compl	leted Operations (Clearly state	all pertinent detai	ls, and give pertinent dates	, including	estimated date of	starting any pro	posed	
work) SEE RULE 1103.			-	Ü	•	<i>y</i> , , , ,		
	Bradenhead lea	ak eurmon						
		. •	Pine to surface					

18. I hereby certify that the information above is true and compl				5 /05 /70
PPROVED BY B. W. Wewer	TITLE	Secretary MARO DAS ISSPECTOR	DATE_	5/25/79 MAY 2 9 1979
CONDITIONS OF APPROVAL, IF ANY:	11 1.15		DATE_	