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NO. OF COPIES RECEI		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	JUN 2 8 1976	
U.S.G.S.	3011 2 0 137 0	5a, Indicate Type of Lease
LAND OFFICE		State T Fee
OPERATOR	O. C. C.	5. State Oil & Gas Lease No. 647
	ARTESIA, OFFICE	047
	SUNDRY NOTICES AND REPORTS ON WELLS HIS 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.)	
(DO NOT USE T	HIS 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 To de partir de 11 1	7. Unit Agreement Name
OIL WELL	well other Injection Well	O Day of Land Mana
2. Name of Operator		8. Farm or Lease Name
Delmer W.	Berry	Toomey Allen
3. Address of Operator		g. Well No.
1503 Sear	s Avenue, Artesia, New Mexico	3
4. Location of Well		10. Field and Pool, or Wildcat Artesia Queen Grayburg San Andres
UNIT LETTER	NV SE FEET FROM THE LINE AND FEET FROM	Grayburg San Andres
į		
THE	LINE, SECTION 28 TOWNSHIP 18 RANGE 28 NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Eddy
16.	Check Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
t	OTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
		<u></u>
PERFORM REMEDIAL W	RK A PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	OTHER	
OTHER		
	or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE	1 fo3.	
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	Will perform remedial work in six to eight more	nths.
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18. I hereby certify th	at the information above is true and complete to the best of my knowledge and belief.	
. مد	A	DATE 6-10-76
SIGNED _ Thelm	a Hou TITLE Agent	DATE 0-10-70
		2 4075
2.	A LIESSEET TITLE SUPERVISOR, DISTRICT II	JUL 2 2 1976
APPROVED BY	CI TUBLEX TITLE SUPERVISING DECEMBER	DATE
CONDITIONS OF AP	PROVAL, IF ANY: [peres 10-1-16	
	CAPE - 1 - 1 P	



