1. 2. COPIES RECEIVED	3	
TRIBUTION		
\ FE	1	
	1/	
u.s.G. <b>s</b> .		
LAND OFFICE		
OPERATOR		

1. OF COPIES RECEIVED	13	-							Form C- Supersec			
TRIBUTION	<del></del>		_						C-102 at			
, FE	14		NE	W MEXICO	OIL CONSI	RVATION	CEWILLESTON	VED	Effectiv	0 1-1-03		
. · · · · <u>E</u>									5a. Indicate	Type of Leas	•	
U.S.G.S.		┼─┤					SEP 11	1975	State X	$\overline{\mathbf{x}}$	F••.	
CPERATOR	-	1-1							5. State Oil	& Gas Lease	No.	
OPERATOR		الــــــــــــــــــــــــــــــــــــ						•	B-68	11-10		
(DO NOT USE THIS	FORM F	OR PROPO	NOTICES	L OR TO DEEPE	EN OR PLUG B	WELLS	ARTESIA, DI	FICE				
1.			<del> </del>						l .	ement Name		
2. Name of Operator	<u></u>	] 	OTHER-		<del></del>					co Hills Lease Name	Grb.#4_S	
REWMONT OIL	COMI	PANY	<b>v</b> .						Tr	ac <b>t</b> 38		
3. Address of Operator									9, Well No.			
	05.	۸rtes	ia, New	Mexico 8	38210					4		
P.O. Box 1305, Artesia, New Mexico 88210									10. Field and Pool, or Wildcat			
UNIT LETTER	3	12	220	T FROM THE _	North	LINE AND .	1420	FEET FROM	LOCO HI	LLS (Q.G	·SA)	
{	•						29E					
THE	_ LINE,	SECTION	•					NMPM.				
			15.	Elevation (S)	how whether GLM	DF, RT, GR,	etc.)		12. County Eddy			
16.	7777	27777	noronriote			ature of N	lotice, Repo	rt or Oth	er Data			
NOT			PPIOPITATE		indicate i		SUBS	EQUENT	REPORT	OF:		
PERFORM REMEDIAL WORK	$\Box$			PLUG AND A	BANDON	REMEDIAL V	YORK			ALTERING CAS	1H6	
TEMPORARILY ABANDON	Ħ					COMMENCE	DRILLING OPNS.			PLUS AND ASAI	NDONMENT	
PULL OR ALTER CASING				CHANGE PLA	INS	CASING TES	T AND CEMENT JO				n <del>con</del>	
						OTHER_	Temporary	Abando	oniien t			
OTHER												
17. Describe Proposed or	Comple	eted Ope	rations (Clear	rly state all	pertinent det	ails, and give	pertinent dates	, including	estimated de	ite of starting	any proposed	
work) SEE RULE 110	3,											
		5.7	1-4-71	1								
We requ This pr	est oper	an ex ty is	tension under s	of appros	oval for	Temporary reco	ary Abando very opera	nment tions.	for one	year.		
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18. I hereby certify that t	he info	rmeting	shove is true	and complete	e to the best	of my knowle	dge and belief.		··			
10. I nereby certify that t	<del>.</del>	1 1	m. D	M						ار _حو	1-75-	
RIGHED TONIES	4_	¥: ///	Jours	will	TITLE 0	ffice Ma	nager		DATE_		, , ,	
	$-/\!\!/$		2					_				
	1.0		l réssei	at	SUF	ERVISOR,	DISTRICT, I	<u> </u>	DATE_	OCT 8	1975	

CONDITIONS OF APPROVAL, IF ANYI Expires 10-1-76