COPIES RECEIVES			RECEIVED			Form C-103 Supersedes Ob	d .
~ TRIBUTION				TION COUNTES	ON	C-102 and C-10 Effective 1-1-6	
FE		NEW MEXICO	APR'	TIPMEGMMISSI	O.N	2.1621110 1-1-0	
E	+; =					5a. Indicate Type	of Lease
U.S.G.S.	+			C. C.		State XX	Fee
OPERATOR	171		ARTES	A, OFFICE		5. State Oil & Gar B-70	ī
						illinini	mmm
(DO NOT USE THIS I	SUNDR	Y NOTICES AND REPORTED TO DEEPER ON FOR PERMIT - " (FORM C-1)	RTS ON WEL	LS c a different rese posals.)	RVOIR.	7. Unit Agreement	Name
, ,	s	OTHER-				W. Loco Hi	11s G4S Ut
2. Nav e of Operator NEWMONT 0	IL COMPA	NY /				Tract	40
3. Address of Crerator P. O. BOX	1305	- ARTESIA, NEW M	EXICO 8	8210			2
4. Location of Well		660 FEET FROM THE			CCCT EROM	10. Field and Pool	
ONIT LETTER FWL		FEET FROM THE					
		15. Elevation (Sh	ow whether DF,	RT, GR, etc.)		12. County Eddy	
$\frac{1}{1}$	Check	Appropriate Box To Ir	dicate Natu	e of Notice, F	Report or Otl	ner Data	
гои		NTENTION TO:		5	SUBSEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK		PLUG AND AB		MEDIAL WORK			ING CASING
TEMPORARILY ABANDON			<u> </u>	MMENCE DRILLING CO SING TEST AND CEME	NT JOB		AND ABARDONMETT
PULL OR ALTER CASING		CHANGE PLAN		CTHER Brade	enhead to	surface	
OTHER							
work) SEE RULE 110	3.	perations (Clearly state all p					
18. I hereby certify that	the information	h above is true and complete					.h 20 1070
SIGNED Trus	L for	Moragol.	TITLE Off	ice Manager		Marc	th 29, 1979
B.	lu i	Jeaver	COL A	170 318 18 8 1 EE	77 90 	DATE MA	Y 2 3 1979