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NO. OF COPIES RECEIVED	5							Form C-103		
DISTRIBUTION								Supersedes C-102 and (		
SANTA FE		NI	EW MEXICO OI	L CONSI	ERVATION C	COMMISSION		Effective 1		
FILE	/									
U.S.G.S.								5a. Indicate Ty	-	
LAND OFFICE								State	Fe	ee X
OPERATOR	/							5. State Oil &	Gas Lease No.	
	SUND							huun	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$\overline{m}$
(DO NOT USE THIS F US	ORM FOR PR	CT NUTICES	AND REPUR	DR PLUG BA	WELLS ACK TO A DIFFER H PROPOSALS.)	RENT RESERVO	R.			
								7. Unit Agreem	ent Name	
	í. L_J	OTHER-								
2. Name of Operator		]						8. Farm or Lea	se Name	
Kewanee Oil Company								Fanning A		
3. Address of Operator								9. Well No.		
P.O. Box 3786, Odessa, Texas								2		
4. Location of Well								10. Field and Pool, or Wildcat		
UNIT LETTER	2	310	T ERON THE SO	auth		2310	FEET FROM	Atok	a San An	dres
		<b></b>					FEET FROM			<u>IIII</u> .
THE East		13	-	185		26E	NMPM.			/////
	LINE, SECT	ION	TOWNSHIP _		RANGE		NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)								12. County		tttth,
ΛΙΙΙΙΙΙΙΙΙΙΙΙ			329	95' GR				Eddy		11111.
16.	Check	Appropriate	Box To Ind			tico Pop	at or Oth	· · · · · · · · · · · · · · · · · · ·		<u></u>
NOT		NTENTION 1			ature of Inc			REPORT OF		
NOT	ICE OF I	NTENTION	10:			2083	SEQUENT	REPORT OF		
PERFORM REMEDIAL WORK	_		PLUG AND ABAN		REMEDIAL WO	<b>9</b> Y		A 1 7	ERING CASING	[]
				F	PLUG AND ABANDONMENT					
							PLUG	AND ABANDONM		
PULL OR ALTER CASING			CHANGE PLANS							۲-٦
					OTHER					[]
OTHER				[]						
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17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

## Spudded with rotary tools 10-10-65.

Drilled 11" hole to 1108' and set 8-5/8" O. D. 24# J55 new casing at 1095.35' and cemented with 400 sacks 50-50 Pozmix with 2% gel and 100 sacks neat cement with 2% calcium chloride. Cement circulated to surface. WOC 18 hours and tested 8-5/8" casing with 1000 pounds pressure for 30 minutes with no loss in pressure.

## RECEIVED

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OCT 2 0 1965

C. C. C. ARTERIA: OFFICE

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Et Stuckland	TITLE _	Division Superintendent	DATE_	10-18-65
APPROVED BY ML (194011/20119	TITLE	<b>998</b> D <b>176</b> 1915 N 31.776	DATE	OCT 2 1 1965
CONDITIONS OF APPROVAL, IF ANY:			-	