		7		
NO. OF COPIES RECEIVED	3			Form C-103
DISTRIBUTION				Supersedes Old C-102 and C-103
SANTA FE	7	NEW MEXICO OIL CONSERV	ATION COMMISSION	Effective 1-1-65
FILE	/-			
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State 🔄 Fee, 🛣
OPERATOR				5. State Oil & Gas Lease No.
			1 \$	
(DO NOT USE THIS F USI	ORM FOR PR	RY NOTICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 1 TION FOR PERMIT	O A DIFFERENT RESERVOIR, DPOSALS.)	
1. OIL GAS				7. Unit Agreement Name
2. Name of Operator		OTHER-		8. Farm or Lease Name
· ·	~			
3. Address of Operator	mee Oi	l Company		Fanning "A" 9. Well No.
				9. WEII NO.
P.O. Box 3786, Odessa, Texas				2
4. Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER	2	310 FEET FROM THE South	INE AND 2310 FEET FF	Atoka San Andrea
THE East	LINE, SECTI	ION TOWNSHIP 185	RANGE NM	PM. (()))))))))))))))))))))))))))))))))))
	*****		D	/////////////////////////////////
ΛΙΙΙΙΙΙΙΙΙΙΙΙ		15. Elevation (Show whether DF, .		12. County
$\overline{\mathbf{v}}$	//////	<u></u>	•	Eddy Allllll
16.	Check	Appropriate Box To Indicate Natur	e of Notice, Report or (	Other Data
NOT	ICE OF I	NTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK		PLUG AND ABANDON REP	MEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		cor	MMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS CAS	SING TEST AND CEMENT JOB	
			OTHER	
OTHER			OTHER	

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.

10-19-65 Drilled 7-7/8" hole to T.D. of 1953' C.M. and set 5-1/2" O.D. 14#, J-55, new casing at 1952.90' and cemented with 350 sacks 50-50 Pozmix plus 2% gel with 3/4 of 1% CFR2 and 100 sacks neat cement with 3/4 of 1% CFR2. Centralizers located at 1942', 1927', 1882', 1842' and 1802'. Circulated approximately 75 sacks cement to surface.

WOC 72 hours and tested 5-1/2" casing with 1500 pounds pressure for 30 minutes with no loss in pressure.

RECEIVED

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OCT 2 5 1005

279 (7 20) 277 (7 20)

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

signed_ 27 Struckland	TITLE Division Superintendent	DATE 10-22-65
APPROVED BY Mit Channestrong	TITLE - 892 05/18 @42 1/1928-7	OCT 2 5 1965
CONDITIONS OF APPROVAL, IF ANY:		