	<b>–</b>	
NO. OF COPIES RECEIVED	4	Form C-103 Supersedes Old
DISTRIBUTION	<del>-</del>	C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION E D	Effective 1-1-65
FILE	REULIT	5a. Indicate Type of Lease
U.S.G.S.		State Fee
LAND OFFICE	SEP 2 3 1974	5. State Oil & Gas Lease No.
OPERATOR		
		L-121
SUND (DO NOT USE THIS FORM FOR P USE "APPLICA"	RY NOTICES AND REPORTS ON WELLS  ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DE CETE BLASS OF SICE  ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS	OTHER.	7. Unit Agreement Name
2. Name of Operator	UTHER.	8. Farm or Lease Name
		Allied State
The Eastland Oil Company		9. Well No.
•	1.C m 1914 . W119 1 M 70701	
4. Location of Well	ife Building, Midland, Texas 79701	10. Field and Pool, or Wildcat
		D
UNIT LETTER M	330 FEET FROM THE South LINE AND 660 FEET FE	ROM POWAT GENTUTE - SAN ANOTE
THE <b>West</b> Line.sec	TION 32 TOWNSHIP 17S RANGE 31E NM	
THE WEST LINE, SEC	TION TOWNSHIP RANGE NM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3691 GL, 3701 DF (ref.)	Eddy
16. Charl	Appropriate Box To Indicate Nature of Notice, Report or	
		ENT REPORT OF:
NOTICE OF	INTENTION TO: SUBSEQUE	ENT REPORT OF.
<u> </u>		ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WORK	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER Temporary Aba	andonment K
OTHER		
17 Describe Proposed or Completed	Operations (Clearly state all pertinent details, and give pertinent dates, included	ding estimated date of starting any proposed
work) SEE RULE 1103.	, , , , , , , , , , , , , , , , , , ,	
Production was no los This well off-sets	temporarily abandoned June 12, 1973 by shutting ager economical due to low oil production and his Eastland production in the Power Grayburg-San and given to a secondary recovery program utilized.	igh water cut. Andres Pool and
_		
It is requested the	at this well be placed on temporary abandonment	status for a period
of one year so that :	further study can be made.	
18. I hereby certify that the informat	ion above is true and complete to the best of my knowledge and belief.	
SIGNED Carry	heal Superintendent	DATE Sept. 20, 1974

PPROVED BY U. A. GAS INSPECTOR.
CONDITIONS OF APPROVAL, IF ANY:

Experies 10-1-75

NOV 8 1974