NO. OF COPIES RECEIVED.		<u> </u>			٠	Form C-103	
DISTRIBUTION		•	•		L LEIVED	Supersedes Ol C-102 and C-1	· · · · · · · · · · · · · · · · · · ·
SANTA FE	1 /	NEWW	EXICO OIL CO	NSERVATION COMMISSIO	ON SCIVIC	Effective 1-1-6	
FILE	1 /	]		***			
u.s.g.s.		1		· JU	- 7 1980	5a. Indicate Type	of Lease
LAND OFFICE		}		•		State X	1 00 [_]
OPERATOR		]		. 0	). C. D.	5. State Oil & Gar	s Lease No.
				ARTE	SIA OFFICE	B11594-0	6
(DO NOT USE THIS FOR	SUNDA	RY NOTICES AND	D REPORTS O	G BACK TO A DIFFERENT RESER	voia.		
OIL GAS	[X]	OTHER.				7. Unit Agreement	t Name
. Name of Operator						8. Farm or Lease	Name
Holly Ener	av Tne			• •		State B 14	Comm
· Address of O; erator	<u> </u>	<u> </u>			** ***	9. Well No.	C/Addition
P.O. Box 7	26 A	rtesia, New M	exico 88210	)		.1	
i. Location of Well	~~	I DODIA NOW 11	<u> </u>	<u> </u>		10. Field and Poo	ol, or Wildcat
, TD		660	Sout	h LINE AND 990		South Emp	ire Morrow
UNIT LETTER		OOO PEET PAG	M THE	LINE AND	FEET FROM	THITTIE	TÜÜÜÜÜÜÜ
		17.	. 18	S RANGE 28 E			
THE HAST	NE, SECTI	ON	TOWNSHIP	LL US BOKAR C	NMPM.		
mmmm	m	III IS. Elev	ation (Show wheth	er DF, RT, GR, etc.)		12. County	7/////////
			3539.5			Eddy	
,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77777	Assessing Page		Name - C. Nami D.	0-1	<u> </u>	
	•	Appropriate Do:	x 10 indicate	Nature of Notice, Re	-	REPORT OF:	
	_		,	_			
PERFORM REMEDIAL WORK	]	- ' PLU	HODINAGA DINA DU	REMEDIAL WORK		ALTERI	ING CASING
TEMPORARILY ABANDON	]			COMMENCE DRILLING OPN	•. <u>x</u>	PLUG A	THEMHODHABA TH
PULL OR ALTER CASING	]	CHA	ANGE PLANS	CASING TEST AND CEMENT	x ror X		
			_	OTHER	<del></del>		LJ
OTHER				<u> </u>	•		
17. Describe Proposed or Cor	leved O	nesations (Clearly st	tote all pertinent a	letails, and give pertinent do	ses including	estimated date of s	tarting any proposed
work) SEE RULE 1103.	inpresed O	perations (occurs) of	are an permiant				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			•	2 hole to 460'. S			•
H-40 stc c	asing	& cement wit	h 425 sacks	Class C 2% gel 1	/¼# celo	flakes	
Plug down	at 2:2	20 a.m. 6-28-	80. Circula	ted 10 sacks to p	it, after	waiting	
- •				ill out with 11"		_	
10 11041 5	000000	. 0001116 00 1	)00 ps20 21				
•					:		
•						,	
						•	
				. "		•	
						•	
		•					
			i				
ic. I hereby certify that the i	nformation	n above is true and c	complete to the bea	at of my knowledge and belie	ı.		
Co. I necessity control of			•	<u>-</u>			
/ 1 //		<i></i>					
Robort	- ~	Tours		Superintendent		7. 1	_ <b>\$</b> O
NICHED Robert		Toyd	TITLE	Superintendent		DATE	-80
Robert		oyd		Superintendent		9444 <u>7-1-</u> JUL	

CONDITIONS OF APPROVAL, IF ANYI