			-							
NO. OF COPIES RECEIVED	2						Form C-103			
DISTRIBUTION	RIBUTION						Supersedes Old			
SANTA FE	7		NEW MEXICO OIL CONSERVATION COMMISSION					C-103		
FILE .	7	i					Effective 1-	1-05		
U.S.G.S.							5a. Indicate Ty	pe of Lease		
LAND OFFICE							State 🔭	Fee.		
OPERATOR	 	 			RECE	VED	5. State Oil & C	Gas Lease No.		
	<u> </u>				17 5 5					
	SLI	NDRY NO	TICES AND	DEPORTS ON	WELLS - OF	4075	HIIIII.	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	777	
SUNDRY NOTICES AND REPORTS ON WELLS 11975 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF TO DEEPEN OR PLUG BACK TO A DIDENTY OF THE PROPOSALS.)										
1.						 	7. Unit Agreeme	ent Name	7777	
OIL GAS WELL WEL		от	HER-		a. c.	C.				
2. Name of Operator					ARTESIA,	OFFICE	8. Farm or Leas	se Name		
Baber Well Servicing Company -								Royal A-X		
3. Address of Operator								9. Well No.		
P. G. Box 1772	. Ho	obbs. Ne	w Mexico	88240			I			
P. G. Box 1772, Hobbs, New Mexico 88240 4. Location of Well								10. Field and Pool, or Wildcat		
UNIT LETTER K , 1980 FEET FROM THE SOUTH LINE AND 1965							Wildcat			
UNIT LETTER	'			V THE	LINE AND	FEET FROM		IIIIIIIII	IIII	
west .		~ F C T 1 O U	16	25	25-E	NMPM.			////	
THE WAST LINE, SECTION 16 TOWNSHIP 25 HANGE 25-E NMPM						NMPM.				
15. Elevation (Show whether DF, RT, GR, etc.)							12. County		1777	
	////			G R			Eddy		.////	
16.	Che	ck Appro	priate Box	To Indicate N	ature of Notice, R	enorr or Orl	ner Data			
NOTE		F INTEN		. To indicate i			REPORT OF	÷:		
PERFORM REMEDIAL WORK	7		PLU	G AND ABANDON	REMEDIAL WORK	ĮΧ̈́	ALTE	ERING CASING		
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.							PLUG AND ABANDONMENT			
PULL OR ALTER CASING	7		СНА	NGE PLANS	CASING TEST AND CEME	=			Ш	
_	_				OTHER					
OTHER										
17. Describe Proposed or Co work) SEE RULE 103.	mplet	ted Operation	ns (Clearly sto	ite all pertinent deti	ails, and give pertinent o	dates, including	estimated date o	f starting any pro	posed	
•			- nni	ddban						
1. Swab well r			o Apre er	In marer.						
2. Shut in ove										
3. Swab well,	no :	show or	011.		ma 4 1 3 3					
4. Swab 130 BB	18	water,	no show o	oll or gas.	Fluid level st	muging 250	rt. rrom	SULI SCH.		
5. Will plug w	ell	•								
, ,										
	,				of my tengual ada a sud 1 . 4	iof				
18. I hereby certify that the	infort	nation above	is true and co	omplete to the best	or my knowledge and bel	iei.				
101		12/		_			4	0/29/75		
SIGNED	1	1	·V	TITLE PI	resident		_ DATE	0/23/10		

SUPERVISOR, DISTRICT II

[□]^TNOV 6 1975

CONDITIONS OF APPROVAL, IF ANY: