NO. OF COPIES RECEIVED	7							Form C-		
DISTRIBUTION								Supersea C-102 an		
SANTA FE		NEW M	EXICO OIL O	CONSEI	RVATION CO	MMISSION		Effective		
FILE	7-						_			
U.S.G.S.							ſ	- -	Type of Lease	
LAND OFFICE								State 🚆		ee 🔄
OPERATOR	5							5. State Oil	& Gas Lease No.	•
								K-41	2	
(DO NOT USE THIS FC USE	SUNDR'	Y NOTICES AN	D REPORTS	ON W	ELLS	NT RESERVOIR.				
1.								7. Unit Agre	ement Name	
OIL GAS WELL WEL		OTHER-								
2. Name of Operator								8. Farm or I	_ease Name	
T.J. Sivle	r T							ATT	1 State	
3. Address of Operator	Q							9. Well No.		
P.O. Draws	r GG, A	Artesia, New	Mexico	88210)			10. Field or	d Pool, or Wildco	at
UNIT LETTER D	9	90FEET FRC	M THE Nort	h	_ LINE AND	9 90	EET FROM	Undes.	. Hackberr	er Yote
THE West	LINE, SECTIO	DN	TOWNSHIP	19 5	RANGE	_31E	NМРМ.			
		15. Elev	ation (Show wh 3485		F, RT, GR, etc	•.)		12. County Eddy		
16.	Check A	Appropriate Bo	x To Indica	ite Na	ture of Not	ice, Repor	t or Oth	er Data		
ΝΟΤΙ		NTENTION TO:		1		-		REPORT	OF:	
PERFORM REMEDIAL WORK		PLU	JG AND ABANDON		REMEDIAL WORK				LTERING CASING	
TEMPORARILY ABANDON	4			[COMMENCE DRIL			F	LUG AND ABANDON	MENT
PULL OR ALTER CASING		СНА	ANGE PLANS		CASING TEST AN	ID CEMENT JOB	A			
OTHER					OTHER	<u>,</u>				[]
							. , ,,		te of starting any	

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 1903.

On 9/2/67, 685 feet of 8-5/8" OD 24 Lb. J-55 Smls Casing was landed at 692' and cemented with 100 sacks of cement with 2% Cal. Cl. Mud circulated to surface. Plug down 3:50 A.M.

On 9/3/6%, after 28 hours, casing was tested to 500 Lbs. PSI, hole bailed dry and drilling ahead resumed. Top of Salt 720'.

Drilling in salt as of date @ 995'

1

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St 8 4 1997

CIDES OFFICE

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

sign and the sign	TITLE Operator	DATE_	9/5/67	
1 0 6 +			196	57
APPROVED BY APPROVED BY	TITLE Control of the second	DATE _		

CONDITIONS OF APPROVAL, IF ANY: