NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	7		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
FILE U.S.G.S.	_/_ 			5a. Indicate Type of Lease State Fee.
LAND OFFICE		<u> </u>		5. State Oil & Gas Lease No.
OPERATOR	£	L		, , , , , , , , , , , , , , , , , , ,
(DO NOT USE THIS FO	SL		RY NOTICES AND REPORTS ON WELLS probals to drill or to deepen or plug back to a different reservoir. fion for permit	7. Unit Agreement Name
1. OIL GAS WELL WEL 2. Name of Operator	. K]	OTHER-	8. Farm or Lease Name
2. Name of Operator	-01	eum	Corporation	Boyd "BN" Com.
a Address of Operator			treet - Artesia, New Mexico	1. Field and Pool, or Wildcat
C 107 11			180 FEET FROM THE NOT TH LINE AND 660 FEET FROM	#11dcət
THEEast	LINE,	SECT	10N 15 TOWNSHIP 19S RANGE 25E NMPM.	
	\square	\square	15. Elevation (Show whether DF, RT, GR, etc.) 3455 GR	12. County Eddy
16. NOT	Cl	neck OF	Appropriate Box To Indicate Nature of Notice, Report or Ot SUBSEQUENTION TO:	her Data T REPORT OF:
PERFORM REMEDIAL WORK Temporarily Abandon Pull or Alter Casing			PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
4-Poin	t I	les	t be delayed K	g estimated date of starting any proposed

C.77 -

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.

It was our intention to run a 4-Point on this well prior to November 15, 196 Our periodic surface DWT shows that the well is still building surface pressure. It is our request that the 4-Point test be delayed until December 15, 1968.

<u>Pressure</u>	Date	Hour	$= - \mathbf{z} + \mathbf{V} \in \mathbf{D}$
2458 psi	10-28-68	8:30 A.M.	
2532 psi	10-30-68	8:30 A.M	
2716 psi	11-7-68	9:30 A.M.	
2763 psi	11-11-68	4:30 P.M.	
			is is the

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

SIGNED Paul Hute	Engineer	DATE 11-12-68
siened _ fait gueset	RE SER O'S WORECTOR	NOV 0 (1968
APPROVED BY	TITLE	

CONDITIONS OF APPROVAL, IF ANY:

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