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NO. C' COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION	RESENTED	C-102 and C-103
SANTA FE	RESETVED  NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-55
FILE //	<del>-</del>	
U.S.G.S.	7 H G D F 107 <b>7</b>	State   Fee   X
LAND OFFICE		
OPERATOR /	G. C. C.	5. State Oil & Gas Lease No.
	APTERIA, OFFICE	
SUNDRY  (DO NOT USE THIS FORM FOR PROP  USE "APPLICATION"	/ NOTICES AND REPORTS ON WELLS  POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVO ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL X	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
MONSANTO	COMPANY	MAYER
3. Address of Operator		9. Well No.
1330 Midland Nati	onal Bank Tower, Midland, Texas 79701	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER C 66	00 FEET FROM THE NORTH LINE AND 1980	Cemetery Morrow
THE West LINE, SECTION	N 24 TOWNSHIP 20S RANGE 24E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)  Gr 3600	12. County Eddy
16. Check A	Appropriate Box To Indicate Nature of Notice, Rep	rt or Other Data
NOTICE OF IN		B EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT	
PULL OR ALTER CASING	OTHER	
OTHER		
17. Describe Proposed or Completed Op	perations (Clearly state all pertinent details, and give pertinent date	, including estimated date of starting any proposed
work) SEE RULE 1103.		
	8 3/4" hole to total depth of 9550'; Set	5½" 17# N-80 LT&C New
Drilled 8	8 3/4" note to total depth of 9350; bet	8# Salt + 3/4% CFR-2:

casing at 9550' \* ce,emted w/ 900 Sx. Class

Plug down 7:30 AM 8/20/77.

WOC 24 Hrs; tested w/ 1500 psi for 30 Mins., hel. OK.

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18. I hereby certify that the information above is true and compl	ete to the best of my knowledge and belief	
to 200 del 1/2 0/1		44
9/1////////////////////////////////////	Regional Production Mgr	BATE 8/24/77
SIGNED		
		8110 OF 1077
Wa Dressett	SUPERVISOR, DISTRIC ' II	AUG 25 1977
APPROVED BY W. C. STORES	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		