## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

ue, er cerice Accepts			TION DIVIS	ON ECEIVED		Form C-103 ·	
DISTRIBUTION		P. O. BOX			•	Revised 10-1-78	
SANTA PE	SANTA I	FE, NEW	MEXICO 87501				
U.S.O.S.			JUN	1 8 1980	Sa. Indicate Type	of Lease	
OPERATOR		O. C. D.			5. State Oil 6 Gas Lease No. L-2632		
			ARTES	HA, OFFICE	mmm	mmm	
SU THIS FORM FO USE "APP	NDRY NOTICES AND REP DR PROPOSALS TO BRILL OR TO DEEP LICATION FOR PERMIT - " FORM C-	ORTS ON I	WELLS CN TO A DIFFERENT RE PROPOSALS.)	SERVOIR.			
OIL X GAR WELL	) OTHER-				7. Unit Agreemen	( Nome	
2. Name of Operator						8. Farm or Lease Name	
Collier & Collier						FOFO	
3. Address of Operator						9. Well No.	
P. O. Box 798, Artesia, New Mexico 88210						#3	
4. Location of Well						10. Field and Pool, or Wildcat	
UNIT LETTER E 1650 FEET FROM THE NORTH LINE AND 990 FEET FRO					McMillan 7-R QN		
THE West LINE.	SECTION 32 TOWNSHI	<u>198</u>	RANGE	NMPM.			
					12. County	<del>4////////</del>	
15. Elevation (Show whether DF, RT, GR, etc.) 3308.3					Eddv		
7/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1					<u> </u>		
Che	eck Appropriate Box To I	ndicate Na	ature of Notice,				
NOTICE	OF INTENTION TO:			SUBSEQUENT	REPORT OF:		
				ר	4.750	ING CASING	
PERFORM REMEDIAL WORK	PLUG AND AT	AANDON	REMEDIAL WORK	H		IND ABANDONMENT	
TEMPORARILY ABANDON			COMMENCE DRILLING	· 😿	700	VBUIDOUMEN.	
PULL OR ALTER CASING	CHANGE PLA	**	OTHER	<del></del>	*		
OTHER			VINE				
17. Describe Proposed or Comple	ted Operations (Clearly state all ;	pertinent deta	ils, and give pertinen	t dates, including	estimated date of	starting any proposed	
work) SEE RULE 1103.							
June 12, 1980:	T.D. 650'. Plug well with pea gravel 7" 23# casing. Ceme Oirculated 15 sacks	l back to ented wit	200 <b>,'.</b> Ran 1	type M shoe	, 197' of		
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16. I hereby certify that the Inform	nation shows is tour and complete	to the best of	my knowledge and b	elief.			
1b. I hereby certify that the intorn	A .		· · · · · · · · · · · · · · · · · · ·				

Secretary

Secretary

ONTE SUPERVISOR, DISTRICT II

ONDITIONS OF APPROVAL, IF ANY: