	NO. OF COPIES RECEIVED 3 DISTRIBUTION SANTA FE 1 FILE 1	NE	W MEXICO OIL CONSE	RVAT BNEOGAIS IJN	VED	Form C-103 Supersedes Old C-102 and C-10 Effective 1-1-6	03
	U.S.G.S.			JUL 3	1979	Sa. Indicate Type State X	Fee [
	OPERATOR			D. C. (5, State Oil & Gas E-]-]7(1
	(DO NOT USE THIS FORM FOR USE "APPL	NDRY NOTICES	AND REPORTS ON V OR TO DEEPEN OR PLUG BAL (FORM C-101) FOR SUCH	ARTESIA, D	1		
	1. OIL GAS K	OTHER-				7. Unit Agreement	
	2. Name of Operator MONSANTO C	Company 🗸				8. Farm or Lease LOWE STATE	1
	3. Address of Operator 1330 M	1idland NBT,	Midland, Texas	79701		9. Well No.	1
,	4. Location of Well		FROM THE North			10. Field and Poo INDIAN BAS	I, or Wildcat IN (UPPER PEN
	THE West LINE, SI	ECTION36	215	RANGE 23E	NMPM.		
		///////	Elevation (Show whether D GR 3868 '	F, RT, GR, etc.)		12. County Eddy	
		ck Appropriate F INTENTION T	Box To Indicate Na 0:			er Data REPORT OF:	
	PERFORM REMEDIAL WORK Y TEMPORARILY ABANDON		PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT J			NG CASING
	OTHER			OTHER			
	17. Describe Proposed or Complete work) SEE RULE 1103.	ed Operations (Clear)	ly state all pertinent detai	ls, and give pertinent date	es, including	estimated date of s	tarting any proposed
1 2	. Kill well via both . POOH w/ short strin (Morrow Zone).						
3 4	 Run a "D" latching Set RBP @ 7650 + or 7490' and squeeze p 	r - and dump perfs in Uppe	3 - 4 sacks Fra er Penn, perts 7	c sand on top o [.] 520-7545 with 20	f BP. S DO Sc. C	et Cement re	etainer @
5	walking squeeze 3K- Drill cement retain sand off RBP and PC packer w/ 2 jts tai	ner & squeeze DOH. Perf Up	e cement through oper PENN Zone 7	the perfs; tes 444-7455 - 11' v	t squeez w/ 2 hol	es per ft.	Run test
6	Test and treat as r Kill well w/ 10# mi Model "D" Packer; F & circ packer fluic duction with possib	ine brine; PC Run long stri d. St h ing in	ing spacing out ito dual Pkr and	blast jts and di set & test same	ual pack	er. Run sho	ort string

	OTLAND GAS INSPECTOR	
SIGNED SIGNED	TITLE Regional Prod. MGR.	DATE7/2-79
18. I hereby certify that the information above is true and com	plete to the best of my knowledge and belief.	

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CONDITIONS OF APPROVAL, IF ANY:

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