NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE /-		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE	<del>                                     </del>	State X Fee
OPERATOR 3		5. State Oil & Gas Lease No.
		# 10171 & K-672
OO NOT USE THIS FORM FO USE **APP	INDRY NOTICES AND REPORTS ON WELLS DE PROPOSALS TO DETILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. PLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	GENTLANT - (FORM C-TOT) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER-	
2. Name of Operator	/	8. Farm or Lease Name
MONSANTO COMP	ANY	Conoco State
3. Address of Operator		9. Well No.
101 N. Marien	feld, Midland, Texas	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER,	1775 FEET FROM THE North LINE AND 1980 FEET	FROM Indian Basin (U. Penn)
	•	
THE West LINE, S	SECTION 2 TOWNSHIP 228 RANGE 23E N	мрм. (
annonna	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Will report at later date	Eddy
16.		
	eck Appropriate Box To Indicate Nature of Notice, Report or	
	3083200	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17, Describe Proposed or Complet	ed Operations (Clearly state all pertinent details, and give pertinent dates, inclu	ding estimated data of stating and appropriate
work) SEE RULE 1503.		asing commerce date of starting any proposed
9-7-65: Set	2280' of 8-5/8" OD 24# J-55 ST&C casing at 2298'	and comented to
surf	ace with 200 sx incor 4% gel, 12-1/4# gilsonite/	sx, 1/4# floseal
per :	sx & 150 sx incor 4% gel, 1/4# floses1 & 100 sx	incor with 2% cacl.
& 10	0 sx incor mest 2% cscl. Plug down @ 6:00 PM 9-7	-65. WOC 6 hrs.
9-10-65: <b>WOC</b> :	94	
7-10-03; WOG .	24 HTS.	
9-11-65: <b>WOC</b> ( 36 h:	6 hrs. Tested with 1000# for 30 min. Held OK. To rs.	tal WOC time,
		RECEIVED
		OCT / 1005
		OCT 4 1965
		0. 0. 0.
		ARTERIA, DEFIDE
18 Thereby contifu that the inf	ation above is true and complete to the best of my knowledge and belief.	
10.1 hereby certify that the inform	atton above is true and complete to the best of my knowledge and belief.	
(Of Th.	hi - market al - m	10 1 / 2
SIGNED UIV, JOH	N TITLE District Clerk	DATE 10-1-65
		· <del></del>

PROTECTION OF STREET

OCT 4 1965