NO. OF COPIES RECEIVE		-				Form C-103			
DISTRIBUTION		RECEI	VED BY			Supersedes Ol			
SANTA FE				SERVATION COMMISSION		C-102 and C-1 Effective 1-1-6			
FILE		MAY 2	*						
U.S.G.S.		MMI A	£ 1303			5a. Indicate Type	of Lease		
LAND OFFICE		Ω (C. D.			State X	Fee,		
OPERATOR			, OFFICE			5. State Oil & Gas	s Lease No.		
		AKIESIA	, OFFICE			V-171			
	SUNDRY	NOTICES AN	UD REPORTS ON	IWFIIS		HIIIII			
(DO NOT USE TH	IS FORM FOR PROPO	SALS TO DRILL OF	TO DEEPEN OR PLUG (FORM C-101) FOR SU	WELLS BACK TO A DIFFERENT RESERVOIR CH PROPOSALS.)	٠.				
1,	<u> </u>	- 		······································		7. Unit Agreemen	Name		
OIL WELL	WELL X	OTHER-							
2. Name of Operator							Name		
TXO Production Corp. 🗸							Catclaw Draw St Com		
3. Address of Operator						9. Well No.			
900 WIlco I	Bldg, Midla	nd, TX 79	701			1			
4. Location of Well							10. Field and Pool, or Wildcat		
UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM							Catclaw Draw (Morrow)		
THE West	LINE. SECTION	18	_ TOWNSHIP _ 21 -S	26 -E	NMPM.				
			- · ·						
		15. Ele	•	r DF, RT, GR, etc.)		12. County			
			3	311 GR		Eddy	VIIIIIII		
iô.	Check At	propriate B	ox To Indicate	Nature of Notice, Repo	ort or Oth	ier Data			
N	OTICE OF INT			-		REPORT OF:	•		
PERFORM REMEDIAL WOR	ak 🗍	P	LUG AND ABANDON	REMEDIAL WORK	X	ALTER	ING CASING		
TEMPORARILY ABANDON	i			COMMENCE DRILLING OPNS.		PLUG A	ND ABANDONMENT		
PULL OR ALTER CASING	\Box	c	HANGE PLANS	CASING TEST AND CEMENT JO	.в. 🔲 в.				
				OTHER recomplet	e to St	rawn	X		
OTHER]					
				<u> </u>					
17. Describe Proposed work) SEE RULE		ations (Clearly	state all pertinent de	etails, and give pertinent dates	, including	estimatea date of	starting any proposed		
						•			
2 27 05	nunu vill	77/29	v VCI IInco-	t pkr & TOH w/tbg.					
3-27-85				t pki a 10h w/wy.					
3-28-85	Run GR, JB								
	Set Baker		10300	·					
	Dump 35 ' c.								
	TIH w/3 3/								
	Perf Straw			holes.					
	TIH w/pkr,								
3-29-85				. NEED 6 20 50					
	-	acidize w/	/1000 gal 15%	NEFE & 20 BS.					
	Swab test.	_							
3-30 - 85	Swab testi	ng & SI.	Rec. 250 BW.						
	•				٠				
10 I hearby a mission	t the information	.	Lagranica to this to t	t of my knowledge and halinf					
10.1 nereny certify tha	n the information a	nove is true and	i complete to the bes	t of my knowledge and belief.					
. 1/2	. 4/1		n	roduction Engineer	•	5_2	0-85		
SIGNED	e /4/.		TITLE	Loudectón Engineer		_ DATE	U-0J		
	- die	ODIONAL SIS:	ICD.				- 4005		
		ORIGINAL SIGN BY LARRY BRO				M D	y 22 1985		
APPROVED BY		EOLOGIST - NM				DATE WITH	· · · · · · · · · · · · · · · · · · ·		
CONDITIONS OF APP			· = + W				-		