	٦		
NO. OF COPIES RECEIVED	 		Form C-103 Supersedes Old
DISTRIBUTION	-		- C-102 and C-103
SANTA FE /	NEW MEXICO O	DIL CONSERVATEON-COMMISSIONE D	Effective 1-1-65
FILE / /		K L = -	
U.S.G.S.		0 4 4075	5a. Indicate Type of Lease
LAND OFFICE		JUL 3 1 1975	State Fee Fee
OPERATOR /	1	<u> </u>	5. State Oil & Gas Lease Nc.
	-		T-1,51,0
SUNDF (00 NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPO	RTS ON WELLS STESIA, DFFICE OR PLUG BACK TO A DIFFERENT RESERVOIR,	
OIL GAS			7. Unit Agreement Name
WELL WELL	OTHER-		
. Name of Operator			8. Farm or Lease Name
Gowinne Gwelee 🗸			Mits Baby Com
. Address of Operator			9. Well No.
D. O. Post 1418, Cas	clsbad, New Mexico	80220	1 1
. Location of Well			10. Field and Pool, or Wildcat
च ् कू	1980	Most Line and 1980 FEET	Unded. Thite City Tonn
UNIT LETTER	FEET FROM THE	LINE AND FEET	FROM THITTING
THEConting_LINE, SECTI	ION TOWNSHIP.	245 RANGE 26B N	MPM.
	15 Flavation (Shor	w whether DF, RT, GR, etc.)	12. County
	13, Elevation (5/10)	= =:::::::::::::::::::::::::::::::::::	Eddy
Check	Appropriate Box To Inc	dicate Nature of Notice, Report or	Other Data
NOTICE OF I	NTENTION TO:	SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABAI	NOON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS		
		OTHER	·
OTHER.			
OTHER			
7. Describe Proposed or Completed O	perations (Clearly state all per	rtinent details, and give pertinent dates, incl	uding estimated date of starting any proposed
work) SEE RULE 1103.			
		12	
		/8" casing from 500' to app	
casing will be ceme	ented with enough o	dement to circulate to surf	ace. This casing will
be new 48% H-1.0.			
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•			
•.			
18. I hereby certify that the informatio	n boove is true and complete to	o the best of my knowledge and belief.	
()/ -, -/	7 / /		
FIGURE MILLS FILL	prus .	TITLE Amont	DATE 7/20/75
SIGNED MINIMU A			
/ / /	//		
(U) () A	ans St	TITLE SUPERVISOR DISTRICT II	DATE AUG 5 1975.
APPROVED BY	- weren	THE DUESTIVINIE DISTRICT II	UNIT 110 U U U

CONDITIONS OF APPROVAL, IF ANY: