					ing stage and					
NO. OF COPIES RECEIVED	i				f A B t		Form C-103			
DISTRIBUTION					12N 7	1992	Supersedes (
SANTA FE			NEW MEXICO OIL	CONS	ERVATION COMMISSIO		C-102 and C- Effective 1-1			
FILE										
U.S.G.S.		-			eg .	1 .	5a. Indicate Typ	e of Lease		
LAND OFFICE	1						State X	Fee		
OPERATOR	1	_					5. State Oil & G	as Lease No.		
O, Z. A. O.	<u>. i f . i </u>						L-6708			
	CLIN	DOV NOTICE	C AND DEDOD:	TC 011	WELLC		ininin	mm	777	
SUNDRY NOTICES AND REPORTS ON WELLS IDO NOT USE THIS FORM FOR PROPOSALS TO DELICE OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" IFFOR C-1011 FOR SUCH PROPOSALS."										
1.	APPE,	CATTON FOR PERK): ± · (FORM CTIOI)	7 OR 30C	PROPOSALS.)		7. Unit Agreeme	nt Name	~~~	
OIL GAS OTHER-								n/a		
2. Name of Operator		OTHER*					8. Farm or Leas	e Name		
Wood & Locker, Inc. /										
3. Address of Operator								Southland State 9. Well No.		
	211270	505 N B	ia Sprina N	di dlar	nd Texas 79701		1			
600 Energy Square, 505 N. Big Spring, Midland, Texas 79701								10. Field and Pool, or Wildcat		
4. Location of Well		0000		J	660			•	_	
UNIT LETTER H		2080_ _{FI}	EET FROM THE	orth	LINE AND DOU	FEET FROM	Wildcat	- Bone Sp	ring	
									[[]]	
THE East	LINE, SE	CTION	TOWNSHIP	25-S	27-E	NMPM			////	
			<u> </u>						777	
	/////	./////////////////////////////////////	5. Elevation (Show i	whether	DF, RT, GR, etc.)		12. County		////	
	IIII	1111111	3092' GR				Eddy	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	7]]]	
16.	Chec	k Appropriat	e Box To India	cate N	ature of Notice, Re	port or Ot	her Data			
NOT		INTENTION		1			T REPORT OF	:		
				1						
PERFORM REMEDIAL WORK			PLUG AND ABAND	ON []	REMEDIAL WORK		ALTE	RING CASING		
TEMPORARILY ABANDON	7				COMMENCE DRILLING OPNS	. Ħ	PLUG	AND ABANDONMEN	, =	
PULL OR ALTER CASING	7		CHANGE PLANS		CASING TEST AND CEMENT	==				
_					OTHER	-				
OTHER Change	of Op	erator								
17. Describe Proposed or C		i Operations (Cle	early state all pertir	ient deta	ils, and give pertinent do	es, including	estimated date of	starting any pro	posed	
work) SEE RULE 1103.	•									
CHANGE	OF OP	ERATOR FRO	M: Wayne Mo	oore						
			403 N. N		nfeld					
			Midland,	, Tex	as 79701					
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								Carrier of	J. 3.	
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18. I hereby certify that the	informat	tion above is true	and complete to the	ie best o	f my knowledge and belief	•				
110011										
SIGNED W. MI. KA	nen	- D. M.	Johnson Titl	r Dr	lg. & Prod. Man	ager		-4-82		
H										
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15/	$2 \sim$	Francy	7	SU	PERVISOR, DISTRIC	CT II	JAN	1 2 0 19 8 2		

CONDITIONS OF APPROVAL, IF ANY: