NO. OF COPIES RECEIVED	Form C-103
RECEIVE	Supersedes Old
SANTA FE / NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
MAY 2 1 19	5a. Indicate Type of Lease
U.S.G.S.	State X Fee
LAND OFFICE O. C. D.	5. State Cil & Gas Lease No.
OPERATOR ARTESIA, OFFIC	L-6283
	inniminini i
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
	7. Unit Agreement Name
I. OIL GAS T	'. C 113.05
WELL X OTHER-	2 Form or Lease Name
2. Name of Cperator	8. Farm or Lease Name
Southland Royalty Company	Huber State "14"
3. Address of Operator	9. Well No.
1100 Wall Towers West Midland, Texas 79701	1 1
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER J . 1980 FEET FROM THE SOUTH LINE AND 1980 FEET	Wildcat (Morrow)
UNIT LETTER	
THE East LINE, SECTION 16 TOWNSHIP 14-S RANGE 26-E	
THE EASE LINE, SECTION TOWNSHIP TTO RANGE DO DE	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Chaves
16. Check Appropriate Box To Indicate Nature of Notice, Report o	r Other Data
NOTICE OF INTENTION TO: SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
	1 0 0
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB OTHER	abondoned
OTHER Cancellation of APD X	1
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103.	
Southland Royalty Company hereby requests cancellation of	the approved
Application for Permit to Drill for the subject well.	
Application for fermite to british for the state was	
Thank you.	
Thank jou.	
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ld. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	V
SIGNED THE District Operations End	gineer =4TE5/19/81
SIGNED	
THE SUPERVISOR, DISTRICT I	SATE MAY 2 5 1981
APPROVED BY	
CONDITIONS OF APPROVAL, IF ANY:	