NO. OF COPIES RECEIVED 3			Form C-103 Supersedes Old
DISTRIBUTION			
SANTA FE / NEW MEXICO OIL CONSERVATION COMMISSION			C-102 and C-103 Effective 1-1-65
FILE /			F
U.S.G.S.			5a, Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR /			5. State Oil & Gas Lease No.
CUMPRY MOTICES AND REPORTS ON WELL S			mmmmmmk
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.)			
1.			7. Unit Agreement Name
OIL GAS WELL X	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Petroleum Corporation of Texas 3. Address of Operator			Kutz Govt
			9. Well No.
P.O.Box 911 Breckenridge, Texas 76024			10. Field and Pool, or Wildcat
UNIT LETTER C . 790 FEET FROM THE North LINE AND 1750 FEET FROM			Fulcher Kutz
THE West LINE, SECTION 2 TOWNSHIP 27N RANGE 10W NMPM.			
		DE DE CD	
	15, Elevation (Show whether	TDF, KI, GR, etc.)	12. County
			San Juan /////////
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE O	F INTENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	FEOG AND ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	FEOR AND AGANDONMENT
		OTHER	
OTHER			
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
October 9,1969Moved pulling unit on location to pull 1" and 2"			
tubing and along out hold			
tubing and clean out hele.			
October 10,1969Cleaned out 10' of sand and rerun 1' & 2" tubing			
to same depth as before.			
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			107 a 0 1 969
			1000
			DE 044 JM /
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
NH M sola	1		30/30/60
SIGNED /// CELL	TITLE A	gent	DATE 10/17/69
PETROLEUM MONEER DIST. NO. 8			

CONDITIONS OF APPROVAL, IF ANY: