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NO, OF COPIES RECEIVED 3			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CO	DISERVATION COMMISSION	Effective 1-1-65
FILE /			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			state Federal Fee
OPERATOR /	İ		5. State Oil & Gas Lease No.
CLUID	W MOTICES AND DEDODES	0.1.1151.1.0	
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 "PAPPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
1.	TON FOR PERMIT =" (FORM C-101) FOR	SUCA PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL X OTHER- Temporary Abandonment			San Juan 30-6 Unit
2. Name of Operator El Daga Natural Cag Company			8. Farm or Lease Name
El Paso Natural Gas Company			San Juan 30-6 Unit
3. Address of Operator			9, Well No.
PO Box 990, Farmington, NM 87401			1 (T&A)
4. Location of Well	000	NI«1. 1000	· ·
UNIT LETTER G , 1980 FEET FROM THE NOTTH AND 1980 FEET FROM			Blanco Mesa Verde
_	0	2021	
THEEast LINE, SECTION	ON TOWNSHIP	30N RANGE 6W	MPM.
	15. Elevation (Show whet	her DF, RT, GR, etc.)	12. County
		6247'GL	Rio Arriba
16. Check	Appropriate Boy To Indicate	e Nature of Notice, Report o	r Other Data
	Appropriate box to indicate	<u>-</u>	JENT REPORT OF:
	v. Evijev i e	002324	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB]
G	0.7.4	OTHER :	
OTHERStatu	s & Intentions [<u> </u>	
17. Describe Proposed or Completed Op	perations (Clearly state all pertinent	details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1 103.			
This well was to	emporarily abandoned in	June, 1965. It is intende	ed to recommend that
the well be plugged and abandoned.			
the well be plugged and abandoned.			
		1	
			/
•			
18. I hereby certify that the information	above is true and complete to the be	est of my knowledge and belief.	
		Petroleum Engineer	November 17, 1971
SIGNED	TITLE		DATE
3 L. D.	mary C. Arnold		No.
Original Signed by E		SUPERVISOR DIST. #	
APPROVED BY	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: