Supersedes Old C-102 and C-103 Effective 1-1-65  State	NO. OF COPIES RECEIVED	3		Form C-103
NEW MEXICO OIL CONSERVATION COMMISSION  Elective 1-3-5  So. Indicator Type of Lease  So. Singer Cit S con Leave No.  Singer Cit S con Leave No	DISTRIBUTION			Supersedes Old
So. Indicate Type of Losses   So. Indicate Type of Losses   So. Indicate Type of Losses   State   Pee	SANTA FE	NEW MEXIC	CO OIL CONSERVATION COMMISSION	
Depart of the state of the stat	FILE	11-		· · · · · · · · · · · · · · · · · · ·
SUBDRY NOTICES AND REPORTS ON WELLS  GO NOT USE THIS PORTS CHARGE TO THE STATE OF T	U.S.G.S.			5a. Indicate Type of Lease
BO NOT USE THIS FORWARD FOR AND REPORTS ON WELLS  1. On the Proposed of Committee State of the S	LAND OFFICE			State Fee. X
1. The week week. It comments there were a complete to the best of my knowledge and halled.  1. Thereby certify that the Information shows is true and complete to the best of my knowledge and halled.  2. Honey of papers.  2. Thereby certify that the Information shows is true and complete to the best of my knowledge and halled.  2. The state of papers.  2. The complete of papers.  2. The state of papers.  3. Parent Lases Name  4. Location of Well  3. Parent Lases Name  3. Parent Lases Name  4. Location of Well not a state of Wildows  4. Location of Well  3. Parent Lases Name  3. Parent Lases Name  3. Parent Lases Name  4. Location of Wildows  4. Location of Well  4. Location of Well  4. Location of Well  5. Evertino (Show whether DF, RT, GR, sto.)  5. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  8. Subsequent Report of:  5. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  8. Subsequent Report of:  5. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  8. Subsequent Report of:  5. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  8. Subsequent Report of:  5. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  8. Subsequent Report of:  8. Subsequent Report of State Nature of Notice, Report or Other Data  8. Subsequent Report of:  8. Subsequent Report of Notice Report of Nature of Notice, Report or Other Data  8. Subsequent Report of:  8. Subsequent Report of Nature of Notice, Report or Other Data  8. Subsequent Report of Nature of Notice, Report or Other Data  8. Subsequent Report of:  8. Subsequent Report of Nature Report	OPERATOR	3		5. State Oil & Gas Lease No.
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A state of the proposed of Completed Operations (Clearly store oil persinent details, and give persiness dates, including estimated date of starting any proposed work) see not 103.  10. Thereby certify that the information above is true and complete to the best of my knowledge and belief.  10. Thereby certify that the information above is true and complete to the best of my knowledge and belief.  20. Wall No.  21. Decentrate Cashes  22. Wall No.  23. Wall No.  24. Use the Associated Substitute of Notice, Report or Other Data  25. Starting any proposed or Completed Operations (Clearly store oil persinent details, and give persiness dates, including estimated date of starting any proposed work) see note 103.  25. 26. Pressure test casing 500%—held OK. WOC  26. Starting any proposed or Completed Operations (Clearly store oil persinent details, and give persiness dates, including estimated date of starting any proposed work) see note 103.  26. Pressure test casing 500%—held OK. WOC  26. 196. Starting any proposed or Complete with 300 starting any proposed or Complete Starting and Starting any proposed work) see note 103.  27. Decentrate Proposed or Completed Operations (Clearly store oil persinent details, and give persiness dates, including estimated date of starting any proposed work) see note 103.  28. Pressure test casing 500%—held OK. WOC  29. Thereby certify that the information above is true and complete to the best of my knowledge and belief.  29. Thereby certify that the information above is true and complete to the best of my knowledge and belief.  29. Thereby certify that the information above is true and complete to the best of my knowledge and belief.  20. Starting Test and Clearly 32. The 10. Supervintendent  20. Appearance of the proposed of the person	1.	—		7. Unit Agreement Name
3, Mell No.  Dramed 570, Farmington, New Mexico 4, Location of Well  Our Letter 70, 980  The West Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PRING AND ABANDON   PILLS AND	2. Name of Operator			8. Farm or Lease Name
3, Mell No.  Dramed 570, Farmington, New Mexico 4, Location of Well  Our Letter 70, 980  The West Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PRING AND ABANDON   PILLS AND	Aztec Oil	and Gas		Decker
ALPOSTED FOR PROPERTY OF THE SOUTH S	3. Address of Operator			9. Well No.
4. Location of Weil  UNIT LETTER 17) 990 rest FROM THE SOUTH LINE AND 900 rest FROM THE Measured-Dakota  West LINE, SECTION 10 rownship 32N range 12N rest FROM 12 Country  IS. Elevation (Show whether DF, RT, GR, etc.)  6085 GF San Juan  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PLUS AND ABANDON   PLUS AND ABANDON   PLUS AND ABANDON   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CHARGE PLANS   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CHARGE PLANS   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CHARGE PLANS   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CHARGE PLANS   CASING CHART JOB   CHART JOB   CHART JOB   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CASING CHART JOB   CHART JOB   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CASING CHART JOB   CHARGE PLANS   CASING CHART JOB   CHA	Drawer 570	O. Farminaton. New Mexi	co	4
UNIT LETTER TO 980  THE WEST LINE, SECTION 10 TOWNSHIP 32N NAMES 12W NUMBER  THE WEST LINE, SECTION 10 TOWNSHIP 32N NAMES 12W NUMBER  THE WEST LINE, SECTION 10 TOWNSHIP 15. Elevation (Show whether DF, RT, GR, stc.) 6055 GP San Juan  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PEUG AND ABADDON 1 TOWNSHIP ALTER ASSUBE QUENT REPORT OF:  PEUG AND ABADDON 2 TOWNSHIP AND OFFILE OF INTENTION TO:  PEUG AND ABADDON 2 COMMERCE SHILLING OFFILE OFFILE AND CELEVATION OFFILE		<u>, , , , , , , , , , , , , , , , , , , </u>		
15. Elevation (Show whether DF, RT, CR, etc.)  (2. County (2. St. Juan  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  ALTERNAC CASING TEMPORARILY ASARDON  PULL OR ALTER CASING  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 1703.  5-2-69 Rigged up rotary. TD 322'. Ran 10 jts 10-3/4" 32.75# assing landed 322'KB commented with 300 starting and 22'KB commented with 300 starting and 32'KB commented with 300 starting and 32'KB commented with 300 starting and 32'KB comm	UNIT LETTER		South Line and 990	
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:    PENFORM REMEDIAL WORK	THE West	_ LINE, SECTION TOWN	SHIP 32N RANGE 12W	_NMPM: (((((())))))
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:    PENFORM REMEDIAL WORK	mmmm	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(Show whether DE RT CR at )	18 Court
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  SUBSEQUENT REPOR		WINNING 15. Elevation		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  TEMPORABLY ARABON  CHANGE PLANS  COMMENCE CRILLING OPHS.  CARING TEST AND CEMENT JOB  OTHER  Spud Report  Z  TO JUST AND CEMENT JOB  PUG AND ARABONMENT  TO JUST AND CEMENT JOB  PUG AND ARABONMENT  ALTERING CASING  PUG AND ARABONMENT  PUG AND ARABONMENT  TO SUBSEQUENT REPORT OF:  REMEDIAL WORK  PUG AND ARABONMENT  PUG AND ARABONMENT  PUG AND ARABONMENT  TO JUST AND CEMENT JOB  PUG AND ARABONMENT  THE DISTRICT SUPERVISOR DIST.  MAY 2 6 1969  CONDITIONS OF APPROVAL IF ANY:  MAY 2 6 1969  CONDITIONS OF APPROVAL IF ANY:	$\frac{1}{16}$			
PERFORM NEMEDIAL WORK  TEMPORABLY ABANDON  PULL OR ALTER CASING  OTHER  Spud Report  II  II  II  II  II  II  II  II  II		Check Appropriate Box To	Indicate Nature of Notice, Report	or Other Data
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OTHER Spud Report  There of the second of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1105.  5-2-69 Rigged up rotary, TD 322'. Ran 10 jts 10-3/4" 32.75# casing landed 322'KB commented with 300 sx class A 2% CC. Pressure test casing 500#-held OK. WOC OIL CON. COM. DIST. 3  18. I hereby certify that the information above is true and complete to the best of my knowledge and tellef.  TITLE District Superintendent OATE 5-21-69  MAY 2 6 1969  OATE MAY 2 6 1969	TEMPORARILY ABANDON		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SER RULE 1198.  5-2-69 Rigged up rotary. TD 322'. Ran 10 jts 10-3/4" 32.75# casing landed 322'KB gemented with 300 sx class A 2% CC. Pressure test casing 500#-held OK. WOC  MAY 2 6 7969 OIL CON. COM. DIST. 3  18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  TITLE District Superintendent DATE 5-21-69  MAY 2 6 1969 CONDITIONS OF APPROVAL, IF ANY:	PULL OR ALTER CASING	CHANGE		
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED ALL BELLINGS TITLE District Superintendent DATE 5-21-69  APPROVED BY APPROVAN, IF ANY:  SUPERVISOR DIST. 3  MAY 2 6 1969				
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED ALL SIGNED SIGNED SUPERVISOR DIST. 5-21-69  APPROVED BY SUPERVISOR DIST. 50  DATE MAY 2 6 1969  CONDITIONS OF APPROVAL, IF ANY:				/OIL CON, COM.
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED OR ORIGINARY TITLE District Superintendent DATE 5-21-69  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  SUPERVISOR DIST. 70  DATE MAY 2 6 1969				DIST. 3
APPROVED BY GULL OF APPROVAY, IF ANY:  TITLE District Superintendent  DATE 5-21-69  SUPERVISOR DIST. 50  DATE MAY 2 6 1969				
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APPROVED BY CHUNG SUPERVISOR DIST. #3 DATE MAY 2 6 1969 CONDITIONS OF APPROVAN, IF ANY:			×	
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