NO. OF COPIES RECEIVED	ļ				Form C-103
DISTRIBUTION				Supersedes Old C-102 and C-103	
ANTA FE	V		NEW MEXICO OIL CONSERVAT	TON COMMISSION	Effective 1-1-65
ILE	V	ν'	1		His Indiana Type of Lease
.s.g.s.				RECEIVED BY	State
AND OFFICE	1 1	<u>′</u>		1	5. State Oil & Gas Lease No.
PERATOR	V	-		NOV 0 1 1983	State B 8385-2
			W NOTICES AND DEPOSITS ON WELL		
(DO NOT USE THIS FO	SUI Sum Fo	NDR	Y NOTICES AND REPORTS ON WELL SPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO SOLD FOR PERMIT - " (FORM C-101) FOR SUCH PROPO	SIFFERENT RESERVOIR.	
USE	**APP	ICAT	ION FOR PERMIT - TOUR CHIEF FOR SUCH PROPE	ARTESIA LIBERT	Unit Agreement Name
OIL X WELL			OTHER-		
Name of Operator					B. Farm or Lease Name
Paul Slayt	Honolulu State				
Address of Operator	9. Well No.				
P. O. Box	# 8				
Location of Well	10. Field and Pool, or Wildcat				
UNIT LETTER + J	•		2310 FEET FROM THE SO. LINE	AND Z310 FEET FROM	Coyote Queen
					VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
THE East LINE, SECTION TOWNSHIP 115 RANGE 27 E NMPM.					
mmm	m	\overline{T}	15. Elevation (Show whether DF, RT		12. County
		///		· -	Chaves
<u>, , , , , , , , , , , , , , , , , , , </u>	777)	777	Appropriate Box To Indicate Nature	of Notice Report of Orl	
NOTE			Appropriate box to indicate Nature		REPORT OF:
NOTI	CEU	r- 11	ALEMION IO.		* * *
ERFORM REMEDIAL WORK	٦		PLUG AND ABANDON REME	DIAL WORK	ALTERING CASING
EMPORARILY ABANDON	₹			ENCE DRILLING OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING	Ť		CHANGE PLANS CASIN	G TEST AND CEMENT JQE	
			СТ	HER	U
OTHER Restore E	lec.	du	e to ice storm		
			perations (Clearly state all pertinent details, an	d rive pertinent dates, including	estimated date of starting any proposed
7. Describe Proposed or Co work) SEE RULE 1103.	omblet	ed O	perations (occurs) state air pertitem vetaris, un	- 0.44 L	. 2
				•	
3-3-82	R ₀	nai	red down lines and replaced p	ower poles. (Damage	d done by previous
3-3-02			storm.	, , , , , , , , , , , , , , , , , , , ,	- ·
		_ 3	· · · · · · · · · · · · · · · · ·		
•					
					•
					·
					*1
					*
				nulades and halief	
8. I hereby certify that the	inform	atio	n above is true and complete to the best of my k	Or	
	, 1				DATE 10/31/83
IGNED Sully	W.	u	klisham TITLE Operat	or Original Signad liv	DATE
				Ledie A. Clements	4 - 1002
v	•		1	Supervisor District N	NOV 0 9 1983
PPROVED BY					

CONDITIONS OF APPROVAL, IF ANY: