NO. OF COPIES RECEIVED	O. OF COPIES RECEIVED							Form C-103		
DISTRIBUTION	<del></del>							Supersedes		
SANTA FE	FE NEW MEXICA OF CONTERVATION COMMISSION							C-102 and C-103 Effective 1-1-65		
FILE	1	r				·. <b>O</b>				
U.S.G.S.				AA AA	von	1070		Sa. Indicate Typ	e of Lease	
LAND OFFICE				MA	1 ~ (	1976		State	Fee 💌	
OPERATOR		Ll						5. State Oil & G	as Lease No.	
					1. C.	C		******		
SUNDRY NOTICES AND REPORTSON WELCT  (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.		CICATION	FOR PERMIT	(FORM C-101) F	OR SUCH	PROPOSALS.)		7. Unit Agreeme	ent Name	
OIL GAS	[		OTHER.							
2. Name of Operator								8. Farm or Lease Name		
W. H. Brady V 3. Address of Operator								Sturgeo	n	
								9. Well No.	••	
Rt. 2 Box 153 - Roswell, New Mexico 88201								Í		
4. Location of Well								.0. Field and Pool, or Wildcat		
UNIT LETTER F . 1650 FEET FROM THE West LINE AND 1650 FEET								ROM Linda San Andres		
THE North	LINE, S	ECTION_	33	TOWNSHIP	S	RANGE26E	NMPM.			
	~~~	· · · · ·	****							
			<b>    </b>   15.	Elevation (Show wh	hether DI	F, RT, GR, etc.)		2. County		
<i>Ö</i>	7777	77777	7////					Chaves	VIIIIIII	
10.	Che	ck Ap	propriate	Box To Indica	ate Nai	ure of Notice, Re	eport or Oth	er Data		
NOT			ENTION .					REPORT OF	:	
_	_									
PERFORM REMEDIAL WORK	ᆜ			PLUG AND ABANDON	· [ ] '	REMEDIAL WORK		ALTE	RING CASING	
TEMPORARILY ABANDON					'	OMMENCE DRILLING OPN	s	PLUG	AND ABANDONMENT	
PULL OR ALTER CASING				CHANGE PLANS		ASING TEST AND CEMENT	LIÓB			
						OTHER				
OTHER					- []					
17. Describe Proposed or C	ompleti	ed Opera	tions (Clea	rly state all pertiner	nt detail	and give pertinent de	utas includina	actimated days of		
work) SEE RULE 1103.	ompret	ed Operd	tions (orea	rty state att pertiner	ni aetati.	s, ana give pertinent aa	ites, including	estimatea date of	starting any proposed	
Form C-103 s production. been delayed fresh water I request on will enhance	Due zond e y	to ( Well e wil ear (	other condi ll occ extent	pressing b tion is su ur. ion of tim	ousin ich t ne to	ess obligat hat no dama complete o	ions thi ge to pr peration	s operationducing	ion has zone or	
18. I hereby certify that the	informa	ation abo	ove is true a	and complete to the	best of n	ny knowledge and belie	f.	······································		
SIGNED W. N. 12	<u>s. V</u>	\		TITLE_	Ope	rator		DATE <u>5-2</u>	5-1976	
APPROVED BY WE APPROVA	AL, IF.	Les ANY:	<u>net</u> 10-1-		SU	PERVISOR, DIST.	RICT II	DATE MAY	2 8 1976	
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