STATE OF NEW MEXICO THERGY AND MINERALS DEPARTMENT

we, or corics acceived	1	
DISTRIBUTION		
SANTA FE	1	
FILE	1	10
U.S.G.S.	_	
LAND OFFICE		<u> </u>
OPERATOR	1.1	l

CONDITIONS OF APPROVAL, IF ANY

IL CONSERVATION DIVISIC P. O. BOX 2088

Form C-103 Revised 10-1-78

SANTA FE	SANTA FE,	NEW MEXICO 875	01		
FILE IV				5a. Indicate Type	Fee X
U.S.O.S.				State	
LAND OFFICE				5, State Oil & Go	is Lease No.
OPERATOR /					
		C ON WELL C			
SUNDR'	Y NOTICES AND REPORT	SUN WELLS PLUG BACK TO A DIFFERENT	RESERVOIR.		
IDO NOT USE THIS FORM FOR PROJ USE "APPLICATI	ON FOR PERMIT -" (FORM C-101)	FOR SUCH PROPOSALS.	ECEIVED	7. Unit Agreeme	nt Name
WELL X WELL	OTHER-	111		8. Farm of Leas	e Name
iame of Operator		JUL	. 6 1981	0'Brien	
evens Operating Co	rporation/			9. Well No.	14
Litteres of Operator		0	. C. D.	1 '	
0. Box 2203, Rosw	ell. New Mexico	88201 ARTE	SIA, OFFICE	14	
0. BOX 2203; ROSW	C12, 110		11	10. Field and Prod. Twin La	akes-San
ocation of Well	40.50	set 5	60 _ FEET FRO		Assoc.
UNIT LETTER N	1650 FEET FROM THE WO	LINE AND	JUL PRO	THITTIN'	HHHH
		0.0	OF	VIIIIII.	
South section	ON 32 TOWNSHIP	85 HANGE	ЭБ имем	. ([[[]]])	
THE CINC, SECTION				12. County	<i>}}}}}}</i>
mmmm	15. Elevation (Show	whether DF, RT, GR, etc.)		· ·	
	3951.1	GR, 3956.1 KB		Chaves	_7777777
	7/7/74 02021:1	acta Nature of Motio	e Report of O	ther Data	
	Appropriate Box To Indi	cate mature of motic	CHESECHES	T REPORT OF	·:
NOTICE OF I	NTENTION TO:		SUBSEQUEN		
•			\Box		RING CASING
RFORM REMEDIAL WORK	PLUG AND ABAND	OCH REMEDIAL WORK	닐		
[]		COMMENCE DRILL	ING OPNS.	PLUG	AND ABANDONMENT
MPORARILY ABANDON	CHANGE PLANS	CASING TEST AND	CEMENT JOB		
L OR ALTER CASING	•,,,,,,,	OTHER			
OTHER					
. Describe Proposed or Completed O	sentione (Clearly state all pert	inent details, and give pert	inent dates, includir	ig estimated date o	f starting any prop
. Describe Proposed or Completed C work) SEE RULE 1103.	perations (crearly over a p				
work) see no					
		DCC+: 7 1	0.1		
Change (of Operator Name	Filegrive 1-1	-01		
from St	evens Oil Company	7 •			
				4!	V.
	•				1
					r *
		,			
		·			- 1 · 1
					•
		•			
	. 				
	on above is true and complete to	the best of my knowledge	and belief.		
. I hereby certify that the informati	on above is true and complete to	the best of the			
		Ormon		6	-10-81
When will XI	Mille-	Owner		DATE	
HED AUTHOR					
	-4				JUL 9 198
11000	7/	SUPERVISOR,	DISTRICT II	DATE	JUL 9 198
	101111	ITLEBUTERFIBOR			