NO. OF COPIES RECEIVED // DISTRIBUTION SANTA FE / FILE / U.S.G.S.	NEW MEXICO OIL CONSE	ERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 Sa. Indicate Type of Lease
LAND OFFICE			State Fee, 🔀
OPERATOR 2			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PU USE "APPLICA	RY NOTICES AND REPORTS ON A ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA	WELLS CK TO A DIFFERENT RESERVOIR. PROPOSALS.)	
			7. Unit Agreement Name
WELL WELL OTHER+ 2. Name of Operator			Atoka Grayburg Unit
Kewanee Oil Company			8. Farm or Lease Name
3. Address of Operator			Tract 4
			9. Well No.
P. 0. Box 3786, Odessa, Texas			3
			10. Field and Pool, or Wildcat
UNIT LETTER , , ,	2280 FEET FROM THE South	LINE AND 330 FEET FR	Atoka Gravburg) Lly.
THE East Line, sect	10N TOWNSHIP185	RANGE NMF	
15, Elevation (Show whether DF, RT, GR, etc.)			12. County
	3306" GR		Eddy (11)
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
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 JQB	L
		OTHER Temporary A	bandonment.
OTHER			
17. Describe Proposed or Completed C	perations (Clearly state all pertinent detai	la and size - series a last to the	

1. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Total depth of this well is 991 feet. 7" OD casing is set at 950 feet. 2-3/8" OD EVE tubing is set with perforations at 929.05 feet and with Baker Model AD 2-3/8" X 7" 23// plastic coated tension packer set at 862 feet.

On February 1, 1966 the well was shut in. Casing, tubing, packer, rods, and subsurface pump were left in the well. Pumping unit and miscellaneous pumping equipment will remain on the well.

RECEIVED

FEB 7 1966

C. C. C. Artesia, office

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE ____ Division Superintendent DATE February FEB 7 1966 OL AND DAS INSPECTOR TITLE DATE CONDITIONS OF APPROVA