NO. OF COPIES RECEIVED	7	Form C-103
		Supersedes Old
	HUBBS OFFICE O.C.C.	C-102 and C-103 Effective 1-1-65
SANTA FE		Ellective 1-1-03
FILE	Jun 20 11 44 AM '68	5a. Indicate Type of Lease
U.S.G.S.		State X Fee
	-	5. State Oil & Gas Lease No.
OPERATOR		OG 4983
(DO NOT USE THIS FORM FOR PER	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ITION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
l. OIL GAS		7. Unit Agreement Name
WELL WELL WELL	OTHER-	8, Farm or Lease Name
2. Name of Operator	_	
ROGER C. HANKS, L	TD.	9. Well No.
3. Address of Operator	ilding, Wichita Falls, Texas 76301	1
	ilding, Wichita Falls, Texas 76301	10. Field and Pool, or Wildcat
4. Location of Well	660 FEET FROM THE North LINE AND 330 FEET FRO	
	rion <u>10</u> township <u>10S</u> range <u>32E</u> nmp	
	15. Elevation (Show whether DF, RT, CR, etc.) 4333 GL	12. County Lea
	Appropriate Box To Indicate Nature of Notice, Report or O INTENTION TO: SUBSEQUER	Other Data NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON		e-entry plug and abandonment
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	— –1
OTHER	OTHER	
17. Describe Proposed or Completed	Operations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
work) SEE RULE 1103.		
6-9-68 Commence	ed re-entry; started in 8 5/8" casing at	12:30 P. M.
6-12-68 T.D. 902		
	0 5 5" 15.5 and 17# casing at 9020'; c	emented with 300

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sacks incor pozmix, 2% gel, 8# salt per sack, 3/4 of 1% CFR-2. Plug down at 6:00 A. M., June 12, 1968

6-13/

6-16-68 WOC

6-17-68 Moved completion unit on. Casing tested; tested okay.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED Logy C. Hanka by teta Maders strie_	General Partner	6-19-68	
APPROVED BY		DATE	