A OF PIES RECEIVED			Form C-103
DISTRIBUTION	· · · · · · · · · · · · · · · · · · ·		Supersedes Old C-102 and C-103
ANTA FE	NEW MEXICO OIL CO	INSERVATION COMMISSION	Effective 1-1-65
ILE			
.s.g.s.			5a. Indicate Type of Lease
AND OFFICE			State
PERATOR			5. State Oil & Gas Lease No.
· CIATOR	i		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL A GAS WELL WELL	OTHER-		7. Unit Agreement Name
Name of Operator			8. Farm or Lease Name
TEXACO Inc.			J. H. Moore
Address of Operator			9. Well No.
			<b>1</b> <i>i</i>
			10. Field and Pool, or Wildcat
Location of Well  UNIT LETTER D 660 FEET FROM THE NORth LINE AND 660 FEET FROM			Moore Davionian
UNIT LETTER D	FROM CALLETTE DEVOITABLE		
THE West LINE, SECTI	MPM.		
		The horaco	
	15. Elevation (Show wheth		12. County
	433	39' DF	Lea (\\\\\\\\\\\\
Check	Appropriate Box To Indicat	e Nature of Notice, Report or	Other Data
	NTENTION TO:	<del>-</del>	ENT REPORT OF:
NOTICE OF II	TENTION TO:	3053540	ENT NET ON TOTAL
	]	<del></del>	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON X	r	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	L-1
Eutonaion Dogues		отнен	
OTHER Extension Reques	<i>i</i> L		
Completed O	anations (Classic state all partinent	details and give pertinent dates incli	uding estimated date of starting any proposed
work) SEE RULE 1103.	perections (Clearly State art periment	detaits, and give perioden dates, met	iong commend days of starting any proposed
REHARKS	. •		
	N.		· ·
1. WELL STATUS -			
2. TEMPORARY ABANDO	DATE - January		
3. REASON FOR ABANG	ONMENT - Not Profitab	lo to Opovato	
J. KENSON FOR ADAM	Motification and the profession	ne to operate	
A PUTUDE DI BUC	5.3		
4. FUTURE PLANS -	Plug and Abandon		
•			
5. DATE OF FUTURE !	HORKOVER OR PLUGGING -	1976	
		/7	
		5/ ·~ ``	es 10-1-76
		/ XAVV	00 10-1-16
			·
. I hereby certify that the information	shave is true and complete to the h	est of my knowledge and belief.	
. I nereby certify that the information	/ NA		
1 1/1/1///	7/		
GNED 1/1/1/1/1/1/12	TITLE_	Asst. Dist. Supt.	DATE 10-7-75
	150		an e
Orig.		The state of the s	L. Uli - Ville
	Corrected August 1997	-	DATE