NO. OF COPIES RECEIVED					Form C-103 Supersedes Old
DISTRIBUTION					C-102 and C-103
SANTA FE	NE NE		RVATION COMMISSION		Effective 1-1-65
FILE		üer	3 400 437	Fr.	Indicate Type of Lease
u.s.g.s.			2 • • •, 2 · • • • • • •	50.	State X Fee
LAND OFFICE				-	State Oil & Gas Lease No.
OPERATOR					
					CG -5 85
SUNDRY NOTICES AND REPORTS ON WELLS (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. OIL X GAS WELL WELL [OTHER-			7.	Unit Agreement Name
2. Name of Operator				8.	Farm or Lease Name
K. k. / mini 3. Address of Operator					T. P. State Well No.
					1
816 Bank of the Southwest Building - Midland, Texas					. Field and Pool, or Wildcat
UNIT LETTER A . 660 FEET FROM THE NORTH LINE AND 660 FEET FROM					Undesignated
UNII LEITER					
THE East CON	E. SECTION 36	township 10-	S RANGE 33-E		
	15. 1	Elevation (Show whether l)F, RT, GR, etc.)	12	. County
	4	236.1 GR			Lea (IIIIIIII
	Check Appropriate OF INTENTION T		ature of Notice, Repor		Data EPORT OF:
				-	
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	$ \mathbf{x} $	ALTERING CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB		المسا
			OTHER		
OTHER					
17 Describe Proposed or Comm	oleted Operations (Clear	ly state all pertinent deta	ils, and give pertinent dates,	including est	imated date of starting any proposed
work) SEE RULE 1105.	, action of the contract of th	•			
0.00.07					
8-29-67	O sales Tomo Ca		1 % Halad - 9 8	Saucezed	l at 5000#
Squeezed with 10	U saks Lone St	ar with 8/10 of	150 Halau - 3 3	oqueezeo	f=c= 10 000π
Perforations at 10	0,001-10,013	19 holes Dri	Hed out and re-pe	riorated	from 10,000-10,004.5
2 holes per foot -	Acidized w	ith 1,000 gallor	ns of 15% regular -	- Well p	out back on pump.
18. I hereby certify that the inf	formation above is true	and complete to the best of	f my knowledge and belief.	_, _,	
). <i>[</i>				o o o co
SIGNED Marma	thoran	TITLE _Ag	ent		DATE 9-29-67
		180			
					of the second
APPROVED BY				-	DATE

CONDITIONS OF APPROVAL, IF ANY: