NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	MARCHA	FIDE 0. C. C.	Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION CO		C-102 and C-103 Effective 1-1-65
FILE	f		Effective 1-1-03
U.S.G.S.	\ AUG 10 14	co PM '67	5a. Indicate Type of Lease
LAND OFFICE	•		State Fee Fee
OPERATOR			X
OFERATOR			5. State Oil & Gas Lease No.

DO NOT USE THIS FORM FOR PROPUSE "APPLICATION OF THE PROPU	NOTICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERE ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	NT RESERVOIR.	
1.			7. Unit Agreement Name
OIL GAS WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
C D			
3. Address of Operator			Collier 9. Well No.
			3. Well 140.
Box 953, Midland, Va. Location of Well	<u> </u>		1
			10. Field and Pool, or Wildcat
UNIT LETTER	660 FEET FROM THE N LINE AND	310 FEET FROM	North Ragley Lower Per
		· ·	
THE LINE, SECTION	G TOWNSHIP 115 RANGE	33E NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.	.)	12. County
		•/	12. County
16.	4299 GR		Ica (\\\\\\\\
Check A	ppropriate Box To Indicate Nature of Noti	ce. Report or Otl	her Data
NOTICE OF INT	ENTION TO:		T REPORT OF:
		• • • • • • • • • • • • • • • • • • • •	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	[]	
TEMPORARILY ABANDON		 - 	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILL		PLUG AND ABANDONMENT
TOTAL ON ACTEN CASING	CHANGE PLANS CASING TEST AND	CEMENT JOB	
	OTHER		
OTHER			
17. Describe Proposed or Completed Oper	vations (Clearly state all pertinent details, and give pert		
work) SEE RULE 1103.	The total of the control of the cont	ineni aaies, incluaing	estimatea date of starting any proposed
Well spudded 5/7/67.	10 3/4", 42#, H-40 casing set at	3991 and come	ented with 400
Tronds of comments of the grant	and or i group y same or substituting tree to to	one come	Mitted Wight 400
sacks cement. Cemen	t allowed to set 24 hr before test	eine 1000# con	semma for 20
action centeries centeri	r gringed to par swift belota feet	criff roons bue	speare 101, 20
	0		
minutes with no drop	. Cement circulated to surface.		
			•
			er en
8. I hereby certify that the information at	ove is true and complete to the best of my knowledge as		
	pove is true and complete to the best of my knowledge and	nd belief.	
	1.	A	a in a inn
GIGNED THE TOTAL OF THE PARTY O	HEAL TITLE	Agent	3/15/67
			. 2015
PPROVED BY			
PPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:			