NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.		, n 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5a. Indicate Type of Lease
LAND OFFICE		•	State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			OG 1502
(DO NOT USE THIS U	SUNDR FORM FOR PROSE "APPLICAT	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
i.	AS ELL	OTHER-	7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
ROGER C. HA	nks, lt	D.	Lowe-State
3. Address of Operator			9. Well No.
1102 011 &	Gas Bui	lding, Wichita Falls, Texas 76301	2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTERA	6	60 FEET FROM THE North LINE AND 660 FEET FROM	Undesignated
THE East	LINE, SECTIO	DN 2 TOWNSHIP 95 RANGE 32E NMPM	
		15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Ö	7//////	4435.7 GL	Lea
16.	Check A	Appropriate Box To Indicate Nature of Notice, Report or Ot	ner Data
NOT			FREPORT 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 JOB	<u></u>
		OTHER Attempt Comp	letion y
OTHER			
15.0	2 1 1 1 2		
work) SEE RULE 1103	completed Op	erations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
4-6/4-9-68	Well p	umping approximately 210 barrels fluid	dailv:
•	no sho	w of oil or gas.	
4-10-68	Pulled	pump, laid down tubing.	
Next week will move on cable tools on Lowe-State #1 to			
		emulsion breaker had any effect on clear	
	emulsi	on block.	-
		•	
10 Thomas - 24' 4' - 4'	n l=fc		
10. I nereby certify that the	e incormation	above is true and complete to the best of my knowledge and belief.	
(/ ///		I m	
SIGNED YOTH HA	uks by	Leba Midera TITLE General Partner	DATE 4-11-68
	//_		
	JH.		* 1
APPROVED BY	- (Y)	The Title	DATE
CONDITIONS OF APPROV	AL, IF ANY:	• /	
/ /			