N( . OF COPIES RECEIVED				Form C. 100
DISTRIBUTION			·	Form C-103 Supersedes Old
SANTA FE		NEW MEXICO OIL CONSERVAT	ION COMMISSION	C-102 and C-103
FILE		HEAT MEXICO OIE CONSERVAT	TON COMMISSION	Effective 1-1-65
U.S.G.S.		will be a first to the second of the second	H 15H 27	5a. Indicate Type of Lease
LAND OFFICE				
OPIERATOR				5. State Oil & Gas Lease No.
<u> </u>	<del></del>			og 4755
	SUNDR	Y NOTICES AND REPORTS ON WELL		Amminimum
(DO NOT USE THIS I	ORM FOR PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT -** (FORM C-101) FOR SUCH PROPOS	DIFFERENT RESERVOIR.	
l · · · —		(LOWIN C-101) FOR SUCH PROPOS	ALS.)	7. Unit Agreement Name
NELL X GAS		OTHER.		7. Our Agreement Name
2. Name of Operator				8. Farm or Lease Name
Cayman (	Murphy "A" State			
3. Acdress of Operator				9. Well No.
610 Secu	9, Well 180.			
4. Location of Well		tional Bank Building, Roswell		10 5011 15 15 15
J	19	PEO FEET FROM THE South LINE	1000	10. Field and Pool, or Wildcat
INIT LETTER	ı	FEET FROM THE LINE	ANDFEET FR	Middle-Lane Penco-Penn
East		24 TOWNSHIP 10S	225	
"HE	LINE, SECTIO	TOWNSHIP TOWN	ANGENMF	··· (
anninininini	mm.	15. Elevation (Show whether DF, RT,	CD	
		4205.6 GL	GR, etc.)	12. County
16.	777777			Lea /////////
	Check A	ppropriate Box To Indicate Nature of	of Notice, Report or C	Other Data
NOTE	CE OF IN	TENTION TO:	SUBSEQUE	NT REPORT OF:
_				
PERFORM REMEDIAL WORK	_	PLUG AND ABANDON REMEDI.	AL WORK	ALTERING CASING
TEMFORARILY ABANDON	_	COMMEN	ICE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS CASING	TEST AND CEMENT JOB	TOO MIS ASSAUSTED TO
		ОТНЕ	ER	
01 HER				
17 Duscribe Proposed or C			·	(False and Laboratory)
$w$ $\pi k$ ) SEE RULE 1 103.	ombreted Obe	rations (Clearly state all pertinent details, and	give pertinent dates, includi	ng estimated date of starting any proposed
11 27 67	T 5 4	010 5 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
11-2/-0/	1.U. 4	010. Ran 129 joints & 5/8" a	is follows:	
	10p 2	775.56 8 5/8" - 24# - J-55		
	1	242.34 8 5/8" - 32# - J-55		
	Cement	ed 100 sx Reg + 2% CaCl 250	sx Incor-Poz + 69	6 Gel
	Plug d	own 3 P.M.		
44 00 65				
11-28-67	Pressu	re tested casing to 1000#-30	min. No leaks	
	Drille	d out		
18. I hereby certify that the i	nformation a	pove is true and complete to the best of my know	ledge and belief.	
(0/10	<i>/</i> ···		J	
M. S. MC	Can	×		
MANGE IN THE STATE OF THE STATE	_/_	titleAgent		DATE
	//	CTA		
	9	Si Given		e in the second of the second
APPROVED BY				36)

CONDITIONS OF APPROVAL, IF ANY: