NO. OF COFIES ACCEIVED	 		rorm C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE			
	 	onta	5a. Indicate Type of Lease
U.S.G.S.		Aug 23 15 77 69	State Fee
LAND OFFICE		AUG C.	V
OPERATOR			5, State Off & Gas Lease No.
		•	
	SUMPRY MOTICE	S AND REPORTS ON WELLS	
(DO NOT USE THIS FO	ORM FOR PROPOSALS TO DE	IJ AND REFUR IS ON HELLS HILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. HT -** (FORM C-101) FOR SUCH PROPOSALS.)	
1.	TAPPLICATION FOR PERM	IT (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS		•	7. Omt Agreement Name
WELL WEL			
2. Name of Operator		Dry Hole	8. Form or Lease Name
			·
3. Address of Operator	Tom Brown Dril	ling Company, Inc.	9. wallax. State
2.		, g	
	D 0 Day 5706	Midland, Texas 79701	
4. Location of Well	p. 0. bux 5/00	Pridiand, lexas 73701	10. Field and Pool, or Wildcat
UNIT LETTER	, .	EET FROM THE LINE AND FE	ET FROM
K J		South Line AND 660	Lindez Monated ///////
THE West	LINE, SECTION	TOWNSHIP 10-5 RANGE 34-E	_NMPM: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
WE3 C			
		5. Elevation (Show whether DF, RT, GR, etc.)	12. County
		•	103
16.		73 M V 31 N N N N N N N N N N N N N N N N N N	Lea William
	Check Appropriat	te Box To Indicate Nature of Notice, Report	or Other Data
NOTI	CE OF INTENTION	TO: SUBSE	QUENT REPORT OF:
. PERFORM REMEDIAL WORK		PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
·	=		
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT [A]
PULL OR ALTER CASING		CHANGE PLANS CASING TEST AND CEMENT JOB	
		OTHER	
OTHER			
17. Describe Proposed or Co	ompleted Operations (Cl	early state all pertinent details, and give pertinent dates, i	ncluding estimated date of starting any proposed
work) SEE RULE' 1103.			
Pulled 4273.	85' of 4-1/2" ()D casing	
	20' pf 8-5/8" (
	the following	aeptn:	•
25 sxs	9810 to 10,010'		
	4170 to 4270'		
	3830 to 3930'		
40 s x s	736 to 800'		
40 sxs	350 to 415		
10 sxs	0 to 20'		
Set dry hole			
	not ready for	Incoaction	
Location is	not ready for	inspection.	•
		•	
		•	
18. I hereby certify that the	information above is tru	e and complete to the best of my knowledge and belief.	
18. I hereby certify that the	Information above is tru	e and complete to the best of my knowledge and belief.	
18. I hereby certify that the	Information above is tru		
18. I hereby certify that the	Information above is tru	e and complete to the best of my knowledge and belief. TITLE Vice-President	DATE <u>August 26, 1969</u>
10.0	information above is tru		DATE <u>August 26, 1969</u>
10.0	information above is true	Vice-President	DATE <u>August 26, 1969</u>
10.0	information above is true	Vice-President	
10.0	Information above is true If aul Lung		DATE <u>AUG 1 6 1971</u>