NO. OF COPIES RECEIVE	.Б	4				Supersedes O	ld	
DISTRIBUTION		4				C-102 and C-		
SANTA FE		NEW	MEXICO OIL CONS	ERVATION COMMISSION		Effective 1-1-	65	
FILE					_			
U.S.G.S.				11	1	5a. Indicate Type	i	
LAND OFFICE		7				State 🛚	Fee	
OPERATOR		1			Γ	5. State Oil & Go	ıs Lease No.	
					1	K 4335		
	CLINIO	DV NOTICES A	UD DEBODES ON	WELLS		HHHH	THIIIIIII	
(DO NOT USE TH	SUNDI	RY NUTICES AL	ND REPORTS ON PLUG B	WELLS ACK TO A DIFFERENT RESERVOI H PROPOSALS.)	R			
	USE "APPLICA"	TION FOR PERMIT - "	(FORM C-101) FOR SUC	H PROPOSALS.)		7. Unit Agreemen	nt Name	
1.	GAS []					7. Ollit Agreeme.	it italie	
OIL X	WELL	OTHER-					-,,	
2. Name of Operator					ŀ	3. Farm or Leas	1	
Union Oil Co	mnany of	California				State "13	††	
3. Address of Operator	myearly or	VALLE				9. Well No.		
5 0 5 (F		J Massana	70703			3		
P. O. Box 67	i, Midia	no, Texas	19101			10. Field and Pa	ool, or Wildcat	
				220	1		Į.	
UNIT LETTER	A	<u>660</u> FEET F	ROM THE NOTTH	LINE AND	FEET FROM	Inbe Permo	min min	
THE <u>East</u>	LINE, SECT	105 _13	TOWNSHIP	RANGE 33-E	NМРМ.			
	HHHH	15. El	evation (Show whether	DF, RT, GR, etc.)		12. County		
		,, <i>((((()</i>	Inknown			Lea		
16.	<i></i>							
				Nature of Notice, Repo	ort or Oth	er Data		
N	OTICE OF !	INTENTION TO	):	SUB	SEQUENT	REPORT OF	:	
PERFORM REMEDIAL WOR	ıx 🗍	ŗ	PLUG AND ABANDON	REMEDIAL WORK		ALTE	RING CASING	
	``` <b> </b>		_	COMMENCE DRILLING OPNS.	M	PLUG	AND ABANDONMENT	
TEMPORARILY ABANDON	<del>     </del>			i e	===	, 204		
PULL OR ALTER CASING			CHANGE PLANS	CASING TEST AND CEMENT J				
				OTHER				
OTHER								
				<u> </u>			<del></del>	
		Operations (Clearly	state all pertinent des	tails, and give pertinent date	s, including	estimated date of	starting any proposea	
work) SEE RULE'1	103.							
	_	-1		-1. 7 55 N 00		n# 0 0001		
9 <b>-21-</b> 68	Cemented	5½" OD 15.	ou# and 17# Gr	rade $J-55$ and $N-80$	Casing	at 9,900		
		th 300 sx. cement. WOC 24 hours and tested casing to 1500 psi for						
	with 300	sx. cement	. WOC 24 hour	cs and tested casi	ing to 1	500 p <b>s</b> i f <b>o</b>	r	
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	20 min	Held OK.						
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10 15	+ +ho !=f====:	ion above is tore ==	nd complete to the hest	of my knowledge and belief.			-	
18. I hereby certify tha	it the informati	on above is true an	ia complete to the nest	or my knowledge and better.				
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Service Chilly	· /	J.R. Gr	ay TITLE Dr	illing Superinten	dent	DATE Set	t. 24, 1968	
SIGNED PINE	auns							
	eus !				<del></del>		<del></del>	
	ens -				- 1			
	11/2 /1/							
APPROVED BY	ens Del	Same	TITLE			DATE		
APPROVED BY	PROVAL 15A	James .				DATE		
APPROVED BY	PROVAL, IFA	Jane 9				DATE		