				144		
NO. OF COPIES RECEIVED	-				Form C-103	
DISTRIBUTION					Supersedes Old C-102 and C-103	
SANTA FE	NEW	MEXICO OIL CONS	ERVATION COMMISSION	HOBB	S OFFICE 0. C.	
FILE						
U.S.G.S.				JUN 5	a. Indicate Type of Lease	
LAND OFFICE					Yat 16 AM 'S Fee	<u> </u>
OPERATOR				5	. State Oil & Cas Ugase No.	
					mmmm	~~~
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSAS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)						////
USE "APPL	ICATION FOR PERMIT -**	(FORM C-101) FOR SUC	H PROPOSALS.)		7. Unit Agreement Name	7777
OIL GAS					. Out Agreement Nume	
2. Name of Operator	OTHER-				B. Farm or Lease Name	
TEXAS PACIFIC OIL COMPANY, INC. 3. Address of Operator					State "AO" 9, Well No.	
4. Location of Well	75, 110000 NOW	110/1200 002-70		——— <u>—</u>	0. Field and Pool, or Wildcat	
C	1980	West	660		North Bagley Pen	
UNIT LETTER	FEET F	ROM THE	LINE AND	FEET FROM	TITITITIE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	ידדד
North	4	12-S	33-E			
THELINE, SE	ECTION	TOWNSHIP 12-3	RANGE	<u> — нмрм. (</u>		
	15. Ele	evation (Show whether	DF, RT, GR, etc.)		2. County	+++
		,	, , , , , , , ,		Lea	////
16.	1 A	70' T 1' N	(A) : D			7777
			ature of Notice, Repor			
NOTICE OF	F INTENTION TO	:	SUBS	EQUENT F	REPORT OF:	
لسا						
PERFORM REMEDIAL WORK	Р	LUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.		PLUG AND ABANDONMEN	т 📙
PULL OR ALTER CASING	С	HANGE PLANS	CASING TEST AND CEMENT JOB			
			OTHER Set 8-5/	o cası	ng	_ x
OTHER						
17. Describe Proposed or Complete	ed Operations (Clearly	state all pertinent det	rils, and give pertinent dates.	including es	timated date of starting any pro-	nosed
work) SEE RULE 1103.		·				
1. Drilled 11" hol	le to 3768'.	Ran 76 jts. 8	-5/8" 32# csg. set	at 376	81.	
		•				
2. Cemented w/350	sks. 50/50 Pc	smix incor 2%	Gel 8# salt.			
3. Tested csg. to	1500# for 30	minutes. Tes	t 0.K.			
0, 100104 008, 10						
						•
18. I hereby certify that the informa	ation above is true and	complete to the best	of my knowledge and belief.		***************************************	
Ten	Figinal Signed by	7				
	wikinsi pilmaq bi	y Δ	rea Superintendent	t	DATE 6-5-69	
SIGNED	S	TITLE A	rea Superintendeni	<u> </u>	DATE 0-3-09	

The Co

DATE