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NO. OF COPIES RECEIVED					Form C-103	
DISTRIBUTION			NORTH SOLD	a.	Supersedes C-102 and C	
SANTA FE	N	EW MEXICO OIL CONSI	RVATION COMMISSION		Effective 1-	
FILE		(	SEP 10 3 20 MY	60		
U.S.G.S.			. 0 %2 WH	ñ <b>1</b>	5a. Indicate Ty	<del></del>
LAND OFFICE			•		State X	Fee.
OPERATOR		2			5. State Oil & C	
-	···				N-	5470
	SUNDRY NOTICES	SAND REPORTS ON	WELLS .			
(DO NOT USE THIS FORM USE **	M FOR PROPOSALS TO DRI APPLICATION FOR PERMIT	LL OR TO DEEPEN OR PLUG BA	CK TO A DIFFERENT RESERVO!	R.	M	
1.	_				7. Unit Agreeme	ent Name
WELL X GAS WELL	OTHER-		:			
2. Name of Operator					8, Farm or Leas	se Name
Corinne Grace					T P State	
3. Address of Operator					9. Well No.	
c/o Oil Rep	orts & Gas Ser	vices. Box 763.	Hobbs, New Mexico	5	2	
4. Location of Well				<del>-</del>	10. Field and P	ool, or Wildcat
J	1980	ET FROM THE South	1980		Undesi	
UNIT LETTER		ET FROM THE	LINE AND	FEET FROM	11111111	mmmini
East	E SECTION 17	103	33E		IIIIIII	
THE LIN	IE, SECTION	TOWNSHIP	RANGE	NМРМ.		
mmmmm		Elevation (Show whether	DE PT CP ata 1		77777777	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
	//////////////////////////////////////	Lievation (Show whether i	or, KI, GR, etc.)		12. County	
					<u> Lea</u>	<u> </u>
	Check Appropriate	Box To Indicate N	ature of Notice, Repo	ort or Oth	ner Data	
	E OF INTENTION				REPORT OF	<b>:</b>
PERFORM REMEDIAL WORK	,	PLUG AND ABANDON	REMEDIAL WORK		ALTE	RING CASING
TEMPORARILY ABANDON	·	_	COMMENCE DRILLING OPNS.	$\overline{\mathbf{x}}$	PLUG	AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JO			
			OTHER			
OTHER						··········· [
17. Describe Proposed or Com work) SEE RULE 1103.	pleted Operations (Clea	urly state all pertinent deta	ils, and give pertinent dates	, including	estimated date of	starting any proposed
	casing at 326 chloride. Bur circulated. W	with 200 sacks sped plug 1:10 Pi 00 36 hours, bai o 515 feet with	ed 8 5/8" 28# J- type "A" with 2,5 1 7/17/69. Cement led hole dry, no cable tools. Nov	calciu fill	in.	s.*
18. I hereby certify that the inf	formation above is true	and complete to the best o	f my knowledge and belief.		. DATE9	/9/69
	1	)		·		
APPROVED BY CONDITIONS OF APPROVAL	IF ANY:	TITLE	RAPON BOARD	Ď	DATE TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE OF	2 <u>1 1 198<b>0</b> </u>
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