NO. OF COPIES RECEIVED			Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State 🔀 Fee
OPERATOR	7		5. State Oil & Gas Lease No.
C1 INIF	DV MOTICES AND DEBORTS ON	WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
1.	2.154 FOR 1214 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7. Unit Agreement Name
OIL 77 GAS WELL WELL	OTHER-		
2. Name of Operator	OTHER-		8. Farm or Lease Name
Son Banan			Vanio State
3. Address of Operator			9. Well No.
Pop 751, Midward, Sanas VIVI			ĭ
4. Location of Well			10. Field and Pool, or Wildcat
. –	A. C.		
UNIT LETTER	FEET FROM THE	LINE AND FEET FRO	Marinini Marinini
• •			
THELINE, SEC	TION TOWNSHIP	RANGE NMPN	
***************************************		DE BE CD	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	1111111 4004 MB		111111111
The Check	k Appropriate Box To Indicate N	Nature of Notice, Report or O	ther Data
	INTENTION TO:	-	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
	Table Mile Manual L.	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLOG AND ABANDONMEN!
PULL OR ALTER CASING	CHANGE PLANS		L
		OTHER	
OTHER			
17. Describe Proposed or Completed	Operations (Clearly state all pertinent det	ails, and give pertinent dates, including	g estimated date of starting any proposed
work) SEE RULE 1 103.			
	<i>€</i> •		
	andig with this take ma	authoritate establicani	and the state of t
	of Alm Professional States the	h 1996) para dia Ale Si	
			the state of the s
18. I hereby certify that the informat	ion above is true and complete to the best	of my knowledge and belief.	
18. I hereby certify that the informat	on above is true and complete to the best	of my knowledge and belief.	
18. I hereby certify that the informat	ion above is true and complete to the best	e will	DATE
18. I hereby certify that the informat	Oone /	e will	DATE
18. I hereby certify that the informat	Oone /		DATE
signed Leinan	Prone TITLE TO	e will	DATE
18. I hereby certify that the informat SIGNED APPROVED BY CONDITION F APPROVAL, IF A	Runyan TITLE		