DISTRIBUTION SANTA FE			Supersedes Old	
	⊣		C-102 and C-103	1
	NEW WEXICO OII	CONSERVATION COMMISSION	Effective 1-1-65	
FILE			5a. Indicate Type of	f Lense
U.S.G.S.	\dashv	•	" slow I	Fee
OPERATOR	\dashv		5, State Oil & Gas I	
0.2			E 19	_
SUN	DRY NOTICES AND REPOR	TS ON WELLS	THILLING	
(DO NOT USE THIS FORM FOR USE **APPLI	PROPOSALS TO DRILL OR TO DEEPEN O CATION FOR PERMIT - " (FORM C-101)	TS ON WELLS R PLUG BACK TO A DIFFERENT RESERVOIR. FOR SUCH PROPOSALS.)		
			7. Unit Agreement N	lame
WELL WELL WELL	OTHER-			
Name of Operator Lone Star Producing Company			8. Form or Lease N	
	Company		N. M. (81)	DURIUS
. Address of Operator	exas 79701		9. Well No.	
Box 4815, Midland, T	BARB 1710I			or Wildar
w 1000 c			10. Field and Pool, or Wildcat Wildcat	
UNIT LETTER	TYOU FEET FROM THE	LINE AND FEET F	ROM TITTING	$mm\ddot{r}$
West	19	11 8 RANGE 35 E NM		
THE LINE, SE	CTIONTOWNSHIP	RANGE NM	PM. ()	
	15. Elevation (Show	whether DF, RT, GR, etc.)	12. County	<i>HHHHH</i>
	h139	.6' G.L.	Lea	
6. Chec	k Appropriate Box To Indi	cate Nature of Notice, Report or	Other Data	
	INTENTION TO:		ENT REPORT OF:	
		33532435		
PERFORM REMED!AL WORK	PLUG AND ABAND	ON REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.		ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		-
		OTHER	DST #2 & 3	
OTHER				
	Operations (Clearly state all perti	nent details, and give pertinent dates, includ	ding estimated date of sta	rting any proposed
work) SEE RULE 1103.				
DST #2 (9977'-10,010	1) January 16, 1970			
No test - packe				
No sees - brown	1 Tarimo.			
DOM #2 (0078) 30 033	1 \ Tanana 37 3070			
DST #3 (9978'-10,013) January 17, 1970			
DST #3 (9978'-10,013 No test - packet	') January 17, 1970 r failure.			
DST #3 (9978'-10,013 No test - packe) January 17, 1970 r failure.			
DST #3 (9978'-10,013 No test - packet) January 17, 1970 r failure.			
DST #3 (9978'-10,013 No test - packe	') January 17, 1970 r failure.			
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DST #3 (9978'-10,013 No test - packe	r failure.			
		he best of my knowledge and belief.		
		he best of my knowledge and belief.		
	tion above is true and complete to t		7	21 302/
18. I hereby certify that the informa	tion above is true and complete to t	he best of my knowledge and belief. LE Dist. Prod. Superintende	nt date Janua	ry 21, 1970
18. I hereby certify that the informa	tion above is true and complete to t			
18. I hereby certify that the informa	tion above is true and complete to t			
	tion above is true and complete to t		DATE JANUA	

CONDITIONS OF APPROVAL, IF ANY: