NO, OF COPIES RECEIVED	T1					Form C-103
DISTRIBUTION						Supersedes Old C=102 and C=103
SANTA FE		NEW MEXIC	O OIL CONSE	RVATION COMMIS	\$1011	Effective 1-1-65
FILE	1					
U.S.G.S.						5a. Indicate Type of Lease
LAND OFFICE	+	,				State X Fea
OPERATOR						5. State Oil & Gas Lease No.
OPERATOR		ı				E-7049
(DO NOT USE THIS I	SUNDE	RY NOTICES AND RE	EPORTS ON VICEN OR PLUG BALL	ELLS IN TO A DIFFERENT RE	STRVOJA.	
•						7. Unit Agreement Name
oil WELL XX GA WE	LL	•R3HT0				8. Farm or Lease Name
Dalco Oil Company						Sun-Texaco State
. Address of Operator						9, Well No.
Suite 200 -	619 W.	. Texas - Mid	land, Tex	as 79701		1
Location of Well						10. Field and Pool, or Wildcat
л		560 FEET FROM TH	East	86	O FEET FROM	Wildcat
UNIT LETTER A						VIIIIIIIIIIIIIIIIIIIIIIIIIIIII
, North		10N 20 TOWN	12-S	32-	E NMPM	
THE	_ LINE, SECT	10N 10N k	(3817	NAME -		<i>XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>
THITTINITY	TTTT.	15. Elevation	Show whether I	F, RT, GR, etc.)		12. County
		4371'	GL - 43	387' DF		Lea ()
1777777777	777777	Appropriate Box T			Report or Or	her Data
		Appropriate box 10	o maicate Na	ature or Notice,	SUBSEQUEN	T REPORT CF:
					A	· .
PERFORM REMEDIAL WORK	\Box	PLUG At	ID ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORABILY ABANDON	Ħ			COMMENCE DRILLING	OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	H	CHANGE	PLANS	CASING TEST AND CE	мент Іфв	
POEE OH MESER CASING	L.,]			OTHER		
27.150						
OTHER						
17. Describe Proposed or	Completed (Operations (Clearly state	all pertinent deta	ils, and give pertine	nt dates, includin	g estimated date of starting any proposi
work) SEE RULE 110	Э,					
3-5-76	SI					
3-3-70	31					
2 00 76	СТ					
3-29-76	SI					
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			alata to the back	of my knowledge and	l belief-	and the state of t
19. I hereby certify that	the informat	ion above is true and comp	plete to the best	of my knowledge and	belief.	
19. I hereby certify that	the informat	ion above is true and com				2 00 76
19. I hereby certify that	the informat	ion above is true and com		of my knowledge and		DATE 3-29-76
19. I hereby certify that	the informat	Payne				DATE 3-29-76
19. I hereby certify that	lma	ion above is true and com				DATE 3-29-76
19. I hereby certify that SIGNED THE	lma	Payre	TITLE Pri		upervisor	DATE 3-29-76