NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.	-		5a. Indicate Type of Lease
			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			LG 0623
(DO NOT USE THIS FORM FOR USE **APPLIC	DRY NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPEN OR PLUG E ATION FOR PERMIT - " (FORM C-101) FOR SUC	WELLS BACK TO A DIFFERENT RESERVOIR. (1) PROPOSALS.)	
1.			7. Unit Agreement Name
OIL GAS WELL WELL	OTHER.		
2. Name of Operator			8. Farm or Lease Name
Julian Ard	State 32		
3. Address of Operator	9. Well No.		
P. O. Box 2361			1
4. Location of Well		000	10. Field and Pool, or Wildcat
P	660 South	660	Sawyer

THELUSC LINE, SEC	32 TOWNSHIP	RANGE NMPM	$\cdot \Lambda $
	12. County		
AIIIIIIIIIIIIIIIIIIIIIII	3977 GR		Lea
^{16.} Checl	k Appropriate Box To Indicate N	Nature of Notice, Report or Ot	her Data
	INTENTION TO:	•	T REPORT OF:
			. –
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	urface casing 🛛 🕅
	المسا	OTHER Cement job on s	
OTHER			
	Oregentiere (Clearly state all partinent dat	ile and size particulation includio	- actimated data of starting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well spudded at 4:00 p.m. on 4-19-76. Drilled 12 1/4" hole to 430 feet. Ran 419 feet of 8 5/8" O.D. 8rd, K-55 ST&C Casing. Set at 432. Cemented with 275 sacks 2% Calcium Chloride.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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SIGNED Betty	Thompson	TITLEAgent	4-27-76
APPROVED BY	Carry	TITLE	DATE COL
CONDITIONS OF AP	PROVAL, IF ANY:		