NO. OF COPIES RECEIVED	
DISTRIBUTION	Form C-103 Supersedes Old
ANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	5a. Indicate Type of Lease
J.S.G.S.	State X Fee
DPERATOR .	5. State Cil & Gas Lease No.
	V-17
SUNDRY NOTICES AND REPORTS ON WELLS IDD NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. LISE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALE."	
OIL CAS OTHER-	7. Unit Agreement Name
Name of Operator	E. Farm or Lease Lane
Southern Union Expl. Co. of TX	Susco 36 State
1217 Main St, Texas Federal Bldg, Suite 400, Dallas, TX 75202	1 10. Field and Pock, or Wildows
UNIT LETTER M 660 FEET FROM THE S LINE AND 660	Inbe Perma Penn
THE W LINE, SECTION 36 TOWNSHIP 10-S RANGE 33-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4195.3' GR	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Otle	
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	ALTERING CASING
TEMPGRARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB OTHER	. 🗀
OTHEP	· ·
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) see RULE 1703. 1) Place a 50' coment plug in the $5\frac{1}{2}$ " casing above the open perforation.	ons at 3551'-55'.
1) Place a 50' coment plug in the 5% casing above the open periodation of 51% casing.	
3) Place a 50' cement plug inside and out of the top of the 5½" stub.	
4) Place a 100' cement plug above the salt section at 1980'.	
5) Place a 10 sack plug at the surface.	
A verbal approval for the above proposal was given to SX field foreman Jerry Sexton on 7/29/81.	Alvin Wilks by
Jelly Jeacon on 1/20/02.	
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B. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
16+10 Pat M. Wavell 1837 TITLE Drilling & Production Engin	neer8/3/81
Only Signal By	
Time le Segot.	DATE
ONDITIONS OF AFPROVAL, IF ANY:	•