		Form C-103
NO. OF COPIES RECEIVED		Supersedes Old
DISTRIBUTION	MEN MENICO OIL CONSERVATION COMMISSION	C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		
	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Weldon S. Guest & I.	J. Wolfson	Goleman 9. Well No.
3. Address of Operator		
o/o Oil Reports & Jas	Services, Inc., Box 763, Hobbs, N. M. 88240	10. Field and Pool, or Wildcat
4. Location of Well		
UNIT LETTER	1960 FEET FROM THE South LINE AND 660 FEET FR	Ohaveroo San Andres
THE West LINE, SE	CTION 24 TOWNSHIP 7 S RANGE 33 E NMF	M. ((((((((((((((((((((((((((((((((((((
mmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4334 EDB	Roosevelt
16.		
	k Appropriate Box To Indicate Nature of Notice, Report or C	
NOTICE OF	FINTENTION TO: SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON K REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17 Describe Proposed or Complete	d Operations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date of starting any proposed
work) SEE RULE 1103.	- Opon	
	It is proposed to plug as follows:	
	100 plug across top of perfs @ 4141 Gut & pull 42 casing @ 3600 100' plug across 42" casing stub 100' plug at top of salt (approx. 1700') 100' plug across 8 5/8" casing shoe @ 450 10 sacks at surface with regulation mark););
	Location to be cleaned & levelled.	
18. I hereby certify that the informa	ation above is true and complete to the best of my knowledge and belief.	
e a	11 11	
$I\Omega_{\alpha}$	11.11h	DATE 8/21/73
SIGNED SIGNED	Louis Title Agent	DATE U CLU

TITLE ____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

DATE ___