NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATORS CORRECTE C. C. C.	C-102 and C-103
FILE	C. C. C.	Effective 1-1-65
U.S.G.S.	Mag at the annual state of the	5a. Indicate Type of Lease
LAND OFFICE	Mar of 11 so Mires	
		
OPERATOR		5, State Oil & Gas Lease No.

SUNDRY	NOTICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR FLUG BACK TO A DIFFERENT RESERVOIR. FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
	FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
l. OIL GAS T		7. Unit Agreement Name
WELL WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Sun: 011 (lownsmy		James Actarland "A"
Sun Oil (lor:pany 3. Address of Operator		9. Well No.
D & Part 2702 04		
4. Location of Well	5a, 19X28	10. Field and Pool, or Wildcat
UNIT LETTER P		ROM Thuest anated
The state of the s		
THE BAST LINE, SECTION	20 TOWNSHIP 7 S RANGE 33 E NM	РМ. (
mmmmmm	If Florette (Classical DE DE CD	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
ŽIIIIIXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1421' Gr.	Roosevelt
Check Ap	propriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF INT		ENT REPORT OF:
	30832432	THE ONE 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	
	OTHER	
OTHER		
17. Describe Proposed or Completed Oper	ations (Clearly state all pertinent details, and give pertinent dates, include	ling actimated date of starting any property
work) SEE RULE 1103.	the state of the second actions, and give pertinent dates, included	ing estimated date of starting any proposed
4353-4018. Ten Aluck cen	43" (a) 8R, 9.5# casing, #1 Condition, seated .5% D-30 turbulent flow. Twenty five Eluck atralizers 4357-4008. WOC 18 hours. Tested a ran temperature survey, top of cement 3735	scratchers 14' apart
1		
ì		
18. I hereby certify that the information ab	ove is true and complete to the best of my knowledge and belief.	
<u> </u>		
SIGNED I. E. Mafu	Area Superintendent	DATE

TITLE 18 18 18

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

· Ab

DATE ___