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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR	 -	

CONDITIONS OF APPROVAL, IF ANY:

DISTRIBUTION	H0883 0 FICE 9. c. c.	Form C-103 Supersedes Old
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	FEB 18 11 39 AN '66	Effective 1-1-65
U.S.G.S.	100 to 11 39 th 00	5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR		5. State Oil & Gas Lease No.
		de de Lease No.
SUNDR'	Y NOTICES AND REPORTS ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)		
OIL X GAS C		7. Unit Agreement Name
2. Name of Operator	OTHER-	
·		8. Farm or Lease Name
Sum Gil Convery 3. Address of Operator		. anes charland
	A •	9. Well No.
P. U. Box 2792, Odessa, Texas		1
		10. Field and Pool, or Wildcat
UNIT LETTER 14 , OO	Of	set FROM Undesignated
		* * * * * * * * * * * * * * * * * * * *
THE LINE, SECTION	N 20 TOWNSHIP 7 5 RANGE 33	_ NMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	
		12. County
16.	1/27 or.	Loosevelt ///////
NOTICE OF IN	ppropriate Box To Indicate Nature of Notice, Report	
NOTICE OF IN	SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK		·
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT 100	PLUG AND ABANDONMENT
	THE CEMENT JOB	K
OTHER	OTHER	
 Describe Proposed or Completed Oper work, SEE RULE 1103. 	rations (Clearly state all pertinent details, and give pertinent dates, in	icluding estimated date of starting any propose
Pura a same	sicrolaserlog and Germa say Somic. on	-13-65 rem 107 jts.(1339.52)
And the Second Control of Michigan	- January - 38,068 - 36 / 45002002 - 655 / 451 - 676	or law of cases of the state of
27 TO OI 340 JEJOS	BULE VOET I'S S ROCKE I'M SMERT I'MAE / I'M A BE /	Market State of the Company of the C
Space I ju apart iro	494f to 4016. WOO 18 hours. represented	urvey - too of cement
3725 · rested casing, 2	000, 30 min. o.k.	
8. I hereby certify that the information ab	ove is true and complete to the best of my knowledge and belief.	
	and complete to the best of my knowledge and belief.	
11/ Mahre	000	
GNED / () / / / / / / / / / / / / / / / / /	Area superintendent	DATE <u>k=1.6-66</u>
7		
PPROVED BY		i de la companya de l
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