NO. OF COPIES RECEIVED		Form C+103	
DISTRIBUTION		Supersedes Old	
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65	
FIL E		Enconve 11-00	
U.S.G.S.		5a. Indicate Type of Lease	
		State X Fee	
OPERATOR		5. State Oil & Gas Lease No.	
	name in the second state of the	0G-930	
(DO NOT USE THIS FORM FOR USE THIS FORM FOR USE TAPPLI	DRY NOTICES AND REPORTS ON WELLS proposals to drill or to deepen or plug back to a different reservoir. cation for Permit	7. Unit Agreement Name	
OIL X GAS WELL	OTHER-		
2. Name of Operator		8. Farm or Lease Name	
	Production Corporation	New Mexico State Ko	
3. Address of Operator		9. Well No.	
P. O. Drawer 992, Mi	3		
4. Location of Well	10, Field and Pool, or Wildcat		
UNIT LETTER	1980 FEET FROM THE South LINE AND 1980 FEET FROM	Chaveroo	
THE West LINE, SEC	CTION TOWNSHIP 7S RANGE 34E NMPM		
	15. Elevation (Show whether DF, RT, GR, etc.) 4312 G.L.	12. County Roosevelt	
	k Appropriate Box To Indicate Nature of Notice, Report or Ot INTENTION TO: SUBSEQUEN	ther Data T REPORT OF:	
PERFORM REMECIAL WORK	PLUG AND ABANDON	ALTERING CASING	
TENPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB X	• —	
UTHER	OTHER		
	Operations (Clearly state all pertinent details, and give pertinent dates, including udded at 1:00 P.M. October 20, 1966.	g estimated date of starting any proposed	
sacks incor 9:15 P.M. Oc W.O.C. 12 ho psi for 30 r	8 5/8", 28#, H-40 casing set at 392'. Cemented cement w/4% gel and 2% CaCl <sub>2</sub> . Pumped plug to 344 ctober 20, 1966. Cement circulated approximately ours. Installed blow-out-preventers. Tested cas minutes. Held O.K. Compressive strength of cemer (Halliburton Handbook).	0 feet at 40 sacks. ing w/1000	

1045	nei	(Halliburton	Handbook)
1045	DS1.	UNALLIDUTION	Handbook

18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNED Bell Haham	TITLE	Division Engineer	. DATE_	October 25, 1966				
				n an				
CONDITIONS OF APPROVAL, IF ANY:	TITLE		_ DATE_					

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