NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes O \(\ \C-102\) and C-		
SANTA FE	FE NEW MEXICO OIL CONSERVATION COMMISSION				65 C. C.	
FILE				5-1-1-1-1-1	7. (2.	
U.S.G.S.				5a. Indicate Type	pr Legse	
LAND OFFICE		•		State 5. State Oil & Go	rs I agea No	
OPERATOR				J. blute Off & Ge	a Lease No.	
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.)						
l. OIL GAS WELL WELL	OTHER-			7. Unit Agreemer	nt Name	
2. Name of Operator				8. Farm or Lease	8. Farm or Lease Name	
TEXAS PAGIFIC CIL COIPARY				Muitt Sta	Muitt State Con.	
3. Address of Operator				9. Well No.	9. Well No.	
P. C. Dox 1069 - Hobbs, New Mexico				1		
4. Location of Well				10. Field and Po	10. Field and Pool, or Wildcat	
UNIT LETTER I , 1650 FEET FROM THE SOLE LINE AND 990 FEET FROM					Undesignated	
<u> </u>						
THE FAST LINE, SECTION 32 TOWNSHIP 7-5 RANGE 37-5 NMPM.						
					7//////////////////////////////////////	
15. Elevation (Show whether DF, RT, GR, etc.)				12. County		
11111111111111111111111111111111111111				Rosevelt	<u> </u>	
16.	Check Appropriate	e Box To Indicate N	ature of Notice, Report or	Other Data		
NOTICE	E OF INTENTION	TO:	SUBSEQU	ENT REPORT OF:		
_						
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	ALTER	RING CASING	
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.				PLUG .	PLUG AND ABANDONMENT	
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB						
			OTHER Acidia	e and Test	x _	
OTHER						
	(6)	7	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dia a saimatad data of		
work) SEE RULE 1603.	pleted Operations (Cle	ariy state all pertinent aeto	ils, and give pertinent dates, inclu	urng estimated date of	starting any proposed	
1. Acidized Wali	camp peris. 7	985 - 82501 W/50	CC gal. 28% No acid.			
	00 gal. treate		• 1			
3. Swabbed and i	lowed back I	ead water and ac	1d.			
				49		
4. Ran 4-Point ?	lest and shut	ir for pipeline	connection since 9-4-	= 0/•		
18. I hereby certify that the in	formation above is true	e and complete to the best	of my knowledge and belief.			
18. I hereby certify that the int	Signed by		_		0.00 /5	
Sheldo	on Ward	TITLE	irea Superintendent	DATE	9-22-67	
SIGNED DITCHA						
: 1	AN)				
1 / selin		MIL TITLE		DATE	1.00	
APPROVED BY	THE T	TITLE		DATE		
CONDITIONS OF APPROVAL	, IF ANY:	/				