NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVERAGOOEDMULSSION WAY 29 11 23 AM 368	C-102 and C-103
FILE	Effective 1-1-65	
U.S.G.S.	5a. Indicate Type of Lease	
	11 23 AM 100	State Fee
OPERATOR		5. State Oil & Gas Lease No. K-1370
(DO NOT USE THIS FORM FOR PROI USE "APPLICATI	Y NOTICES AND REPORTS ON WELLS osals to drill or to deepen or plug back to a different reservoir. on for permit	7. Unit Agreement Name
OIL GAS WELL	OTHER-	
2. Name of Operator SIELLY OIL COMPANY	8. Farm or Lease Name Hobbs	
3. Address of Operator <b>7. 0. Box 730 - Hobbs</b> ,	New Mexico 88240	9. Well No. 9
<ol> <li>Address of Operator</li> <li>O. Box 730 - Hobbs,</li> <li>Location of Well</li> </ol>	.650 North 1650	9 10. Field and Pool, or Wildcat Chaveroo San Andres
3. Address of Operator <b>P. O. Box 730 - Hobbs,</b> 4. Location of Well UNIT LETTER	650 FEET FROM THE NORTH LINE AND 1650 FEET F	9 10. Field and Pool, or Wildcat Chaveroo San Andres
3. Address of Operator <b>P. O. Box 730 - Hobbs,</b> 4. Location of Well UNIT LETTER	.650 FEET FROM THE NORTH LINE AND 1650 FEET F	9 10. Field and Pool, or Wildcart Chaveroo San Andres
3. Address of Operator <b>P. O. Box 730 - Hobbs,</b> 4. Location of Well UNIT LETTER, THE, THE, LINE, SECTION 16. Check A	.650       FEET FROM THE       North       1650         29       78       348         TOWNSHIP       78       348         15. Elevation (Show whether DF, RT, GR, etc.)       Unknown         uppropriate Box To Indicate Nature of Notice, Report or	9 10. Field and Pool, or Wildcart Chaveroo San Andres MPM. 12. County Roosevelt Other Data
3. Address of Operator <b>P. O. BOX 730 - Hobbs,</b> 4. Location of Well UNIT LETTER, THE, THE	.650       FEET FROM THE       North       1650         29       78       348         TOWNSHIP       78       348         15. Elevation (Show whether DF, RT, GR, etc.)       Unknown         uppropriate Box To Indicate Nature of Notice, Report or	9 10. Field and Pool, or Wildcat Chaveroo San Andres APM. 12. County Roosevelt
3. Address of Operator <b>P. O. Box 730 - Hobbs,</b> 4. Location of Well UNIT LETTER, THE, THE, LINE, SECTION 16. Check A	.650       FEET FROM THE       North       1650         29       78       348         TOWNSHIP       78       348         15. Elevation (Show whether DF, RT, GR, etc.)       Unknown         uppropriate Box To Indicate Nature of Notice, Report or	9 10. Field and Pool, or Wildcart Chaveroo San Andres MPM. 12. County Roosevelt Other Data
3. Address of Operator <b>P. O. Box 730 - Hobbs,</b> 4. Location of Well UNIT LETTER	AGE     North     1650       29     78     341       N     TOWNSHIP     78     341       15. Elevation (Show whether DF, RT, GR, etc.)     Unknown       15. Elevation (Show whether DF, RT, GR, etc.)     Unknown       Appropriate Box To Indicate Nature of Notice, Report or TENTION TO:     SUBSEQUI       PLUG AND ABANDON     REMEDIAL WORK       COMMENCE DRILLING OPNS.     Image: Commence Drilling opns.	9 10. Field and Pool, or Wildcat Chaveroo San Andres APM. 12. County Roosevelt Other Data ENT REPORT OF:
3. Address of Operator <b>P. O. BOX 730 - Hobbs,</b> 4. Location of Well UNIT LETTER, THE, THE, 16. Check A NOTICE OF IN PERFORM REMEDIAL WORK	AGE     North     1650       29     78     348       N     TOWNSHIP     RANGE     NM       15. Elevation (Show whether DF, RT, GR, etc.)     Unknown     NM       Appropriate Box To Indicate Nature of Notice, Report or TENTION TO:     SUBSEQUI       PLUG AND ABANDON     REMEDIAL WORK	9 10. Field and Pool, or Wildcat Chaveroo San Andres APM. 12. County Roosevelt Other Data ENT REPORT OF: ALTERING CASING

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1 103.

Spudded well on May 27, 1968. Set 11 Jts. (346') of new 8-5/8"CD 24# SS R-2 J-55 ST&C Casing at 360'. Commanded with 250 sacks of commant by the pump and plug process. Plug down at 1:30 P.M., May 27, 1968. Commant circulated to the surface. WSC 24 hours. Tested casing to 600# for 30 minutes and casing tested GK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNED	ris schor	TITLE <b>District</b>	Superintendent	DATE Nay 28, 1968		
APPROVED BY	Any	TITLE		DATE 000 0 9 1068		

- I