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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

JUL 15 8 40 AM '68

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.	Gallina #2
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7. Unit Agreement Name	
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8. Farm or Lease Name	State "30"
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9. Well No.	2
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10. Field and Pool, or Wildcat	Chaveroo
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12. County	Roosevelt
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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.)

1. OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input type="checkbox"/>
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2. Name of Operator	Western States Producing Company
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3. Address of Operator	900 Bank of the Southwest Midland, Texas
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4. Location of Well	UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 7-S RANGE 33-E NMPM.
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15. Elevation (Show whether DF, RT, GR, etc.)	4449 g.l.
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 1103.	
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TD 4450' lime. Ran 137 jts of 4½" 10.5#, J-55 csg set @ 4450' rotary table measurements w/150 sks 2% Incore, 5# salt/sk plus 300 gals mud sweep and 500 gals acid.
PD 12:45 p.m. 7-7-68. WOC 48 hrs. Tested csg w/ 1000# for 30 mins. Held o.k.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
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SIGNED	Office Manager	DATE	7-12-68
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APPROVED BY	TITLE	DATE
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CONDITIONS OF APPROVAL, IF ANY