NO. OF COPIES RECEIVED						Form C-103		
DISTRIBUTION						Supersedes O C-102 and C-1		
SANTA FE NEW MEXICO OIL CONSERVATION (				ERVATION COMMISSION		Effective 1-1-		
FILE					_			
U.S.G.S.		hug 2n 2 7 PM 468				5a. Indicate Type of Lease		
LAND OFFICE				- manag		State	Fee. X	
OPERATOR					Γ	5. State Oil & Ga	is 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.)								
	AS	OTHER-				7. Unit Agreemen	it Name	
2. Name of Operator					1	8. Farm or Lease	: Name	
Southwestern Natural Gas, Inc.						Jones 26		
3. Address of Operator						9. Well No.		
900 Bank o	f the Sou	thwest	Midla	ınd, Texas 79701		2		
4. Location of Well				110-110	1)	10. Field and Po	ol, or Wildcat	
N N	66	O FEET FROM THE SO	outh	-660-//	EET FROM	Chaveroo		
ONIT CETTER		- FEET FROM THE		TINE AND	EI PROM	THITTH.	HHHHH	
THE West	_ LINE, SECTION	76 TOWNSHIP_	7-S	RANGE 32-E	_ NMPM.			
anninininininininininininininininininin	7777777	15. Elevation (Show	whether	DF, RT, GR, etc.)		12. County	7111111	
						Roosevelt		
16.	Cl		·	C. C				
	-	• •	icate r	lature of Notice, Report				
NO	ICE OF IN	ENTION TO:		SUBSE	QUENT	REPORT OF:		
							_	
PERFORM REMEDIAL WORK		PLUG AND ABAN	DON	REMEDIAL WORK	Ы		ING CASING	
TEMPORARILY ABANDON				COMMENCE DRILLING OPNS.	烏	PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING		CHANGE PLANS		CASING TEST AND CEMENT JQB	A			
				OTHER				
OTHER								
17, Describe Proposed or	Completed Oper	ations (Clearly state all pert	inent det	ails, and give pertinent dates, i	ncluding e	stimated date of	starting any proposed	
work) SEE RULE 110	3.							
	D.v	. 11 1060						
Spudded 5:	00 P.M. A	ugust 11, 1968						
			_	(10101)				
				ng (1819') set @ 181			0 00 D 11	
				gel, 150 sx Class				
				surface. W.O.C. 2	4 hours	; - tested	casing with	
	1,000# to	r 30 mins held	O.K.	- Drilling ahead.				
19 These and a second	o Info	ove in two and accordate to	ha ba-r	of my knowledge and best-f		<del></del>		
10. I hereby dertify that th	e illormation al	pove is true and complete to t	.iie DeBt (	n my knowledge and Dellel.				
$\setminus h$ . $\lambda$	me 10.	As.						
SIGNED HOW		mme TIT	LEOf	fice Manager		DATE 8/14	+/68	
1	,	11						
	1. 0/	11// -				and the state	~ · · · · · · · · · · · · · · · · · · ·	
APPROVED BY OF US	11 N. 1	Lements TIT	LE .	and the second second		DATE	•	

CONDITIONS F APPROVAL, IF ANY: