	, )—				
NO. OF COPIES RECEIVED			Form C-103		
DISTRIBUTION	]		Supersedes ( C-102 and C		
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1		
FILE					
U.S.G.S.			5a. Indicate Typ	e of Lease	
LAND OFFICE			State 🔼	Fee.	
OPERATOR	j		5, State Oil & G	gs Lease No.	
IDO NOT USE THIS FORM FOR PRO	RY NOTICES AND REPORTS ON DPOSALS TO BRILL OR TO DEEPEN OR PLUG E TION FOR PERMIT —" (FORM C-101) FOR SUC	BACK YO A DIESEBENT DESCRIVAGE			
I. OIL XX GAS OTHER-				7. Unit Agreement Name	
2. Name of Operator ARNO R. DALBY				8. Farm or Lease Name BASS - STATE	
3. Address of Operator C/O W. W. Ranck, 1603 Broadway, Lubbock, Texas 79401				9. Well No.	
4. Location of Well				10. Field and Pool, or Wildcat	
UNIT LETTER KF 1980 FEET FROM THE W LINE AND FEET FROM			NW TODD	NW TODD (SA)	
THE N LINE, SECTION	on 16 TOWNSHIP 7 -	S RANGE 35 - E	<b>МРМ.</b>		
15. Elevation (Show whether DF, RT, GR, etc.)			12. County	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	4252	GR	Roosevelt		
Check	Appropriate Box To Indicate N	lature of Notice, Report of	or Other Data		
	NTENTION TO:		UENT REPORT OF	:	
	***	_	_		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG	AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		_	
		OTHER			
OTHER					
17. Describe Proposed or Completed Op	perations (Clearly state all pertinent det	ails, and give pertinent dates, inc	luding estimated date of	starting any proposed	
work) SEE RULE 1 105.					
We plan to plug t	this well on approximate	date of 2/2/5/75.	The following p	rocedure	
will be used:	••	, _, _,	, , , , , , , , , , , , , , , , , , ,		
1. 200' Plug o	over perforations				
2. Fill hole :	with mud laden fluid				
	where casing is shot off				
· -	at top salt if it is no	t covered by cement			
	case of surface.	·			
6. 5 sacks at					
O. J secks at	cop				
		HOURS (1857)	ta de la Composition de La composition de la Composition Anglica de la Composition d	G OF	
		The move a self sound, and			
	•				
18 I hereby costifu that the information	above is true and complete to the best of	of mu tenomical d * ** *			
10. I hereby certuy that the information	and complete to the best of	и шу knowledge and belief.			
1/11/02		Agent	2/	14/75	
SIGNED (M) Ven	, TITLE	1190110	DATE		
Ori	g. Signed By			EB 17 197	
APPROVED BY	t. I, Supv.		DATE		
CONDITIONS OF APPROVAL, IF ANY	-			_	