NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROF USE "APPLICATION			
1. OIL K GAS WELL WELL			7. Unit Agreement Name
2. Name of Operator	OTHER-		8. Farm or Lease Name
D. M. Norman	eathersby		
3. Address of Operator			9. Well No.
P. O. Box 1585, Midland	4		
4. Location of Well	· · · · · · · · · · · · · · · · · · ·		10. Field and Pool, or Wildcat
UNIT LETTER 2	Milnesand San Andres		

THELINE, SECTION	V TOWNSHIP	34-E NMPN	. () () () () () () () () () () () () ()
	15. Elevation (Show whether		
	12. County Roosevelt		
^{16.} Check A	oppropriate Box To Indicate 1	Nature of Notice, Report or Of	her Data
NOTICE OF IN			T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	L_3
OTHER			

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.

Set 4736' - 4 $\frac{1}{2}$ " 10.5# Casing © 4737 with 175 sacks cemt.

Waited on cement for 12 hours - pressured to 1000# waited 30 minutes - no pressure drop

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED	Moundary. Norman	TITLE Operator	DATE 12-20-79
		<u></u>	
APPROVED BY		TITLE	DATE
CONDITIONS OF	APPROVAL, IF ANY:		