NO. OF COPIES RECEIVED		\	Form C-103		
DISTRIBUTION			Supersedes Old C-102 and C-103 Effective 1-1-65		
SANTA FE					
FILE					
U.S.G.S.			5a. Indicate Type	of Lease	
LAND OFFICE			State 📕	Fee.	
OPERATOR			5. State Oil & Ga	s Lease No.	
			B 866	3	
SUNDR	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUGION FOR PERMIT -" (FORM C-101) FOR SU	WELLS			
	ON FOR PERMIT - " (FORM C-101) FOR SU	BACK TO A DIFFERENT RESERVOIR. TH PROPOSALS.)			
1. OIL GAS OTHER-			7. Unit Agreement Name 8. Caprock Quote Unit		
Union Oll of Calif	ornia		S. Caprock	Cheen drie	
3. Address of Operator			9. Well No.		
	- Mdland, Texas 79701		2-47A, K-1	7	
4. Location of Well			10. Field and Poo	•	
UNIT LETTER,	FEET FROM THE	LINE AND FEET FO	S. Capprock	Queen Unit	
THE LINE, SECTIO	n township	S RANGE 31 B	/////////		
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County	MITHI	
CI. 3429			Chaves		
Check	Appropriate Box To Indicate N				
NOTICE OF IN			ENT REPORT OF:		
NO.102 01 11		30832402	NI KLEOKI OF.		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A1.750		
\equiv	FLUG AND ABANDON []			ING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG A	ND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		۲-	
		OTHER	18.77	L	
OTHER					
17. Describe Proposed or Completed Op	erations (Clearly state all pertinent der	ails, and give pertinent dates, includ	ing estimated date of s	starting any propose	
work) SEE RULE 1103.					
Plussing Phosphers	a Salare				
STARBITE CANADAM	in the state of			-	
1 8 K/8# # 1001					
1. 6 3/0. # 3m2.					
2.	THE She				
2. 5½" 6 3160° 4/1	, (7 - 964 - 21 - 24				
3. Perf. # 3126' -	37.33				
Sh. n.m.s	AND COLOR OF MANAGEMENT				
13 mg 12 - 100°					
Mag #2 20'	MARKET SOR				
Pecevered 3000' %	bing				
Notablis: Dry Hole	Marker .				
H. D. Chen. Two.					
8. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.			
1	1	gest for thion Oil			
WXI Y/M	10.1	of California		• 7, 1971	
IGNED	TITLE		DATE -	- 15 -71-	
				, v	
(Lof	Kanna da			, i ()	
PPROVED BY	My In TITLE	TOTAL OF THE PER	DATE		
CONDITIONS of APPROVAL, IF ANY:	•			()	

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