| | | | #* · |
|---|----------------------------------|---|--|
| NO. O COPIES RECEIVED | | | Form C-103 Supersedes Old |
| 1.STRIBUTION | | | C-102 and C-103 |
| SANTAFE | NEW MEX | XICO OIL CONSERVATION COMMISSION | Effective 1-1-65 |
| FILE | - | | For Indianta Time of Lance |
| U.S.G.S. | | | 5a. Indicate Type of Lease |
| LAND OFFICE | | | State Fee Fee |
| OPERATOR | | | 5. State Oil & Gas Lease No. |
| | | | B-8601 |
| (DO NOT USE THIS FORM USE **A | | | |
| I. OIL GAS WELL | North Caprock usen | | |
| 2. Name of Operator | 8. Farm or Lease Name | | |
| "undamles lie dise | Tract #27 | | |
| 3. Address of Operator | 9. Well No. | | |
| • | 6 | | |
| P. O. Box 547, Arteria, New Mexico 88219 | | | 10. Field and Pool, or Wildcat |
| | | | |
| UNIT LETTER | GEC FEET FROM | THE South LINE AND 1980 | FEET FROM CADYTOK WOON |
| | | | |
| THE LIN | E, SECTIONTO | WASHIP 138 RANGE 31 | NMPM. |
| | 15. Elevati | on (Show whether DF, RT, GR, etc.) | 12. County |
| | | 4419 G L | Chaves |
| ¹⁶ . | heck Appropriate Box | To Indicate Nature of Notice, Repo | |
| | OF INTENTION TO: | - | SEQUENT REPORT OF: |
| | | | |
| PERFORM REMEDIAL WORK | PLUG | AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANG | E PLANS CASING TEST AND CEMENT JO | цв |
| | | OTHER | |
| OTHER | ····· | | |
| | | | |
| 17. Describe Proposed or Comp work) SEE RULE 1103. | oleted Operations (Clearly state | e all pertinent details, and give pertinent dates | s, including estimated date of starting any proposed |
| | | 1910' to 1010'. Pumped 40 savy mud between all plugs. | Set surface tarker and cleaned |
| | | | |
| | | | |
| | | | |
| | | | |
| 18. I hereby certify that the inf | ormation above is true and com | mplete to the best of my knowledge and belief. | |
| 5 11 m | b. | TITLE Agent | DATE 5/10/74 |
| 71 | 7 | | |
| Sha | V. Humes | 10000000000000000000000000000000000000 | 0.455 |
| APPROVED BY | · I word and | TITLE | DATE |
| CONDITION OF APPROVAL | , IF ANY: | | |