. C COPIES RECEIVED				Form C-103 Supersedes Old	d.
TRIBUTION				C-102 and C-10	
FE	NEW MEXICO OIL C	ONSERVATION COM	MISSION	Effective 1-1-6	
FILE			[	5a. Indicate Type	of Lease
U.S.G.S.				State	Fee X
LAND OFFICE			Ī	5. State Oil & Gas	s Lease No.
OPERATOR					mmm.
SUNDRY  (DO NOT USE THIS FORM FOR PROP	NOTICES AND REPORTS OSALS TO DRILL OR TO DEEPEN OR P ON FOR PERMIT -" (FORM C-101) FO	ON WELLS LUG BACK TO A DIFFEREN R SUCH PROPOSALS.)	T RESERVOIR.	7. Unit Agreemen	Name
OIL GAS		P & A			
2. Name of Operator				8. Farm or Lease	Unit Tr 51
Weldon S. Guest & I. J	. Wolfson			9. Well No.	Unit ir yr
a Address of Operator				2	
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico				10. Field and Pool, or Wildcat	
4. Location of Well	e e e e e e e e e e e e e e e e e e e	.+h	330 FEET FROM	Caprock	1
UNIT LETTER	2310 FEET FROM THE SOU	LINE AND	FEET FROM	HIIIII	VIIIIIIII
THE West LINE, SECTION	n 14 TOWNSHIP	148 RANGE	31E		
mmmmm	15. Elevation (Show wh	hether DF, RT, GR, etc.	.)	12. County	
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	4295 DF		Chaves	VIIIIIII
	Appropriate Box To Indica	ate Nature of Noti	ice, Report or Otl	ner Data	
	NTENTION TO:		SUBSEQUEN	I REPORT OF	RING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AN			
PULL OR ALTER CASING	CHANGE FLANS	OTHER			
OTHER Re-enter and \$	alvage casing	X			
17. Describe Proposed or Completed O		. I il - and sing pa	rtinent dates including	estimated date of	starting any proposed
work) SEE RULE 1103.	a nlugged by Cities	Service Oil Co	mpany 11/70 b	y setting	
	ge plug © 2942 capped	With 23 Sauki	a Centoria crim c	20	
plug @ surface.	1				
plug across car across 8 5/8" ( marker. Mud be be recevered a	to re-enter, shoet or sing stub, 100' plug casing shoe at 208, I tween all plugs. In the ad the well more prop	across top of 10 sack plug a this manner 200 perly plugged	t surface.with	regulation casing will	•
The Commission will be notified 24 hours before work begins.					
6.					
(k)			a and halist		
18. I hereby certify that the informati	on above is true and complete to t	he best of my knowledg	e and belief.		
J/	110				11/27/73
SIGNED II RUNG LA	Mes 111	Agent Agent		DATE	
	4			DATE	

APPROVED BY \_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: