| D TRIBUTION  |  |   |                         |                             |             | Supersedes C<br>C-102 and C- |                |         |
|--|--|---|-------------------------|-----------------------------|-------------|------------------------------|----------------|---------|
| TRIBUTION FE   | NEW MEX  | ICO OIL CONSE   | RVATION CO              | NOISSIMMC                   |             | Effective 1-1                |                |         |
|  |  |   |                         |                             | TE:         | a. Indicate Typ              | e of Lease     |         |
| U.S.G.S.   |  |   |                         |                             | 150         | State                        |                | ее. 🔳   |
| OPERATOR   |  |   |                         |                             | 5           | . State Oil & G              |                |         |
| OFERAIOR   |  |   |                         |                             |             |                              |                |         |
| SUNDRY  (DO NOT USE THIS FORM FOR PROFUSE "APPLICAT!   | Y NOTICES AND F  | REPORTS ON V  | WELLS                   | 5.1. <b>.</b> 5.5.5.0.10.11 |             |                              |                |         |
| · · · · · · · · · · · · · · · · · · ·  | POSALS TO DRILL OR TO I<br>ON FOR PERMIT -" (FOR   | M C-101) FOR SUCH   | PROPOSALS,              | ENT RESERVOI                | 7           | , Unit Agreeme               | nt Name        | 71111   |
| l. OIL GAS   |  |   | 30-00                   | 75- 010                     | i i         | , one recent                 | m rame         |         |
| well well well 2. Name of Operator   | OTHER-   |   | <u> </u>                | ) <u>)</u>                  | 8           | . Farm or Leas               | e Name         | clary   |
| Welden S. Guest & I. J.  | Wolfson  |   |                         |                             |             | meen Sand                    | undt n         | . 50    |
| 3. Address of Operator   |  | m n/n (   |                         | 17 00010                    |             | . Well No.                   |                |         |
| c/e CL1 Reports & Ges &  | ervices, Dic.  | Best 763,   | MODDS, R.               | He Street                   | 1           | 0. Field and P               | ool, or Wilded | rt      |
| . v 1  | 650 FEET FROM T  | HE North  |                         | 990                         | FEET FROM   | Caprock C                    | aneen.         |         |
| UNIT LETTER  | FEET FROM T  | HE  | LINE AND                |                             | FEET FROM   |                              | HIIII          | 1111    |
| THE BEST LINE, SECTIO  | N 15 TOV   | VNSHIP 14 S   | RANGE                   | 31 B                        | имрм.       |                              |                |         |
|  |  |   |                         |                             |             |                              | 111111         | 444     |
|  | 15. Elevatio   | on (Show whether I  | DF, KI, GK, et          | tc.)                        | '           | 2. County                    |                |         |
|  | 111111   | <del></del>   |                         | tion Des                    |             |                              |                |         |
| Check A  | Appropriate Box 7  | to indicate Na  | ature of No             |                             |             | r Data<br>REPORT OF          | ·•             |         |
| NOTICE OF IN   | HENTION TO:  |   |                         | 300                         | , LQULINI I | (El Oll Ol                   | •              |         |
| PERFORM REMEDIAL WORK  | PLUG A   | ND ABANDON  | REMEDIAL WOR            | RК                          |             | ALTE                         | RING CASING    |         |
|  |  |   |                         |                             |             | PLUG                         | AND ABANDON    | MENT _  |
| TEMPORARILY ABANDON  |  |   | COMMENCE DR             | ILLING OPNS.                | <del></del> |                              |                |         |
| TEMPORARILY ABANDON PULL OR ALTER CASING   | CHANG  | E PLANS   | CASING TEST A           | AND CEMENT JO               |             | m casing                     |                | (3)     |
| <del></del>  | C HANGI  | E PLANS   | CASING TEST A           | AND CEMENT JO               |             | ge casing                    |                |         |
| OTHER  | perations (Clearly state   | all pertinent deta  | OTHER                   | oertinent dates             | & Salvag    |                              | f starting any | propose |
| other  17. Describe Proposed or Completed Opwork) SEE RULE 1703.  Subject well w  Shot. Spott Spott Subject 1  | res plugged & common of the co | all pertinent deta  abandoned 6  430  ag from 430  ag from 125  t surface w | other lists, and give p | entar  vertinent dates      | & Salvag    |                              | f starting any | L       |
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| other  17. Describe Proposed or Completed Opwork) SEE RULE 1703.  Subject well w  Shot. Spott Spott Subject 1  | res plugged & common of the co | all pertinent deta  abandoned 6  430  ag from 430  ag from 125  t surface w | other lists, and give p | entar  vertinent dates      | & Salvag    |                              | f starting any | L       |
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| other  17. Describe Proposed or Completed Opwork) SEE RULE 1 103.  Subject well was Spett  | res plugged & common control of the  | all pertinent deta  abandoned 6  430  ig from 130  ig from 125  b surface w | other                   | follows                     | & Salvag    |                              | starting any   | L       |
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| OTHER  17. Describe Proposed or Completed Opwork) SEE RULE 1 103.  Subject well was Spett  | res plugged & common control of the  | all pertinent deta  abandoned 6  430  Ig from 130  Ig from 125  L surface w | other                   | follows                     | & Salvag    | stimated date o              | starting any   |         |
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