| NO. OF COPIES RECEIVED | | Form C-103 |
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| DISTRIBUTION | | Supersedes Old C-102 and C-103 |
| SANTA FE FILE | NEW MEXICO OIL CONSERVATION COM | |
| U.S.G.S. | 3ec: NMOCC AFR 18 11 34 | 5a. Indicate Type of Lease |
| LAND OFFICE | CC: File AFR 10 11 3 | |
| OPERATOR | | 5. State Oil & Gas Lease No. |
| | DELLA CONTROL OF THE | |
| SUNI (DO NOT USE THIS FORM FOR I | DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT ACTION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | T RESERVOIR. |
| 1. | ATTACK TOK TEKNIT - (I ONLY O'TOT) TOK SOCIETION OF TEXT | 7. Unit Agreement Name |
| OIL GAS WELL WELL | OTHER- | |
| 2. Name of Operator | OIL COMPANY | 8. Farm or Lease Name |
| 3. Address of Operator | orn county | 9. Well No. |
| | 249, Hobbs, New Mexico 88240 | |
| 4. Location of Well | CT/) ADDUST HER PRODUCT (ADDUST | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 1980 FEET FROM THE BOYTH LINE AND 6 | 60 FEET FROM TODAC Porm |
| | | |
| THE LINE, SEC | TION 31 TOWNSHIP 8-6 RANGE | 33-B NMPM. |
| | 15. Elevation (Show whether DF, RT, GR, etc.) |) 12. County |
| | 4384.7' GR | Chaves |
| 16. Chec | k Appropriate Box To Indicate Nature of Notice | ce, Report or Other Data |
| NOTICE OF | INTENTION TO: | SUBSEQUENT REPORT OF: |
| | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING ING OPNS. PLUG AND ABANDONMENT |
| TEMPORARILY ABANDON PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND | |
| PULL OR ALTER CASING | | |
| OTHER | | |
| 17. Describe Proposed or Completed work) SEE RULE 1003. | Operations (Clearly state all pertinent details, and give pert | tinent dates, including estimated date of starting any proposed |
| Lay 25 sacks can coment plug acr at approximately roximately 1870 Install dry hol | oss top of 4-1/2" stub, 25 sack plugs y 5020' in and out of bottom of 8-5/8 ', in and out bottom of 13-3/8" and 1 | 9200 - 9208. Lay 25 sacks s at top of Glorieta formation 8", across top of salt at app- 10 sack cement plug at surface. |
| | | |
| SIGNED C.A. Wade | TITLE Area Superin | tendent DATE 4-14-67 |
| | | |
| APPROVED BY | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF A | | |
| | ANY: | |
| The state of the s | ANY: | |