NO. OF COPIES RECEIVED					Form C-103	
DISTRIBUTION					Supersedes Old	
SANTA FE		NEW MEXICO OIL CO	INSERVATION COMMISS	ION	C-102 and C-103 Effective 1-1-65	
FILE						
U.S.G.S.	<u> </u>				5a. Indicate Type of L	ease
LAND OFFICE					State	Fee, 🔀
OPERATOR					5. State Oil & Gas Lea	ise No.
	0.000		······································		1	
(DO NOT USE THIS FOIL USE	SUNDRY NOTICE AMERICATION FOR PERF	ES AND REPORTS (PRILL OR TO DEEPEN OR PLI MIT -" (FORM C-101) FOR	ON WELLS JG BACK TO A DIFFERENT RESE SUCH PROPOSALS.)	RVOIR.		
OIL GAS WELL 2. Name of Operator	OTHER-	Injection	on wall		7. Unit Agreement Nan	
Amoco Product	tion Company	3			CATO CASKE	TO PEESS
3. Address of Operator BOX 367, ANDI	REWS, TEXAS	79714			9. Well No.	plect
4. Location of Well	-				10. Field and Pool, or	Wildcat
UNIT LETTER	1980	FEET FROM THE SOM	LINE AND 700	FEET FROM	Cala S.	Anores
THE CAST	INE, SECTION	TOWNSHIP8	-S RANGE 30-	E NMPM.		
		15. Elevation (Show whet	her DF, RT, GR, etc.)	···	12. County	4444
		41681	A A		CHAUES	
16.	Check Appropria		Nature of Notice, R	eport or Otl	per Data	<i></i>
	CE OF INTENTION				REPORT OF:	
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK		ALTERING CA	
TEMPORARILY ABANDON]	-	COMMENCE DRILLING OP	NS.	PLUG AND AB	. =====================================
PULL OR ALTER CASING]	CHANGE PLANS	CASING TEST AND CEMEN	17 JQB	•	ANSONDIENT []
		r	OTHER ST	4TUS	REPORT	
OTHER			-		•	
17. Describe Proposed or Cor	mpleted Operations (Cl	early state all pertinent	details, and give pertinent d	ates, including	estimated date of startin	ag any proposed
worm, 022 NO22 1103.					,	a -wy proposition
WELL STAT	rus: Sh	ot-In		· ,	· / ~/	/
DATE SI OR	T-A: 2	<u>2</u> -73	OPPV	260 /	0-1-76	2
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Plans.						
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Date of the	nPKA: I	alekinila	i .			
18. I hereby certify that the in	<u> </u>	<u>U</u>	st of my knowledge and belie	ef.		
	1/1-11				orn	0 1075
SIGNED XOYX	Yorker	M TITLE ADI	MINISTRATIVE ASSIST		SEP 3	0 19/5
- ' \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ig/Signal by					
APPROVED BY	olin Runyan Geologist				ŧ,	
		7171 5			B '	

CONDITIONS OF APPROVAL, IF ANY: