NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	<u>:</u>	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	tra 7:1 0	an 5M 2C7
U.S.3.S.	Alik a. · O	5 Indicate Type of Lease
LAND OFFICE		State 🗶 Fee.
OPERATOR		5, State Oil & Gas Lease No.
		K_3250
SUNDRY NO	TICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSAL USE "APPLICATION FO	DTICES AND REPORTS ON WELLS  S TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  R PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. GAS GAS		7. Unit Agreement Name
2. Name of Operator	THER-	8. Farm or Lease Name
A = A	1 (1)	New Mexico "H" State
3. Address of Operator		9. Well No.
And Call as Del		11
4. Location of Well		10. Field and Pool, or Wildcat
1 1/2	(1) In. + 1980	TEET FROM Und. Cato-San Andres
UNIT LETTER	FEET FROM THEF	TEET FROM
F	1/2 ( 3)	
THE COLE TENE, SECTION	TOWNSHIP A RANGE	— NMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4122' Gr.	Chaves ////////
	opriate Box To Indicate Nature of Notice, Repor	t or Other Data
NOTICE OF INTEN	TION TO: SUBSE	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	لية
	OTHER	
OTHER	<del></del>	
17 Describe Proposed or Completed Operation	ns (Clearly state all pertinent details, and give pertinent dates,	including actimated data of starting any proposed
work) SEE RULE 1 103.	us (Creary state an pertinent details, and give pertinent dates,	including estimated date of starting any proposed
Well spudded 4 p.m. MST -	4/18/67	
	# casing seated at 4521. Cemented w/30	00 sks Incor 2% CaClo 1 /4#/sk
Blocele. Mixing temperature est. 80°F, est. min. formation temperature 64°; est. strength at time of test 1000-1200 psi. In place 9 hours prior to test. Tested casing 800#, 30		
at time of test 1000-1200	pal. In place 9 nours prior to test.	lested casing 800#, 50
minutes o.k. Circ. appx.	30 sks cement.	
10 I hereby goodfy that the information of any	Is true and complete to the best of my beautidue and belief	
10. I nereby centry that the information above	is true and complete to the best of my knowledge and belief.	
0111		
SIGNED / CECUM	TITLE Area Superintenden	DATE 4-21-67
J. E. Edison		

CONDITIONS OF APPROVAL, IF ANY: