DISTRIBUTION		
·····		Form C-103
		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee. 🕱
OPERATOR		5. State Oil & Gas Lease No.
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(DO NOT USE THIS FORM FOR P	DRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) 1.		
OIL GAS WELL	27/122	7. Unit Agreement Name
2. Name of Operator	OTHER-	
The Eastland Drills	8. Farm or Lease Name J. W. Wilcox	
3. Address of Operator		
730 Petroleum Life	Building, Midland, Texas 79701	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat	
UNIT LETTER	Cato (San Andres)	
THE <b>Rest</b> Line, sect	TION 34 TOWNSHIP 85 RANGE 30E	NMPM. AIIIIIIIIII
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
7777777777777777777777777777777777777	4153 DF	Chaves
OTHER	CHANGE PLANS CASING TEST AND CEMENT JQB	
17. Describe Proposed or Completed C	Derations (Clearly state all parties at less it and it is a	
Cement is circulated @ 764 feet in 10" hol cemented with 25 sach casing. A 6-1/4" hol bottom 10 feet. This It is proposed to plu and set cement plugs Plug from 354 Plug from 166 Plug from 121 Plug from 3	Deperations (Clearly state all pertinent details, and give pertinent dates, i behind the 10-3/4" casing set @ 394 feet. Le is not comented. The 7" casing set @ 114 ks with the estimated top of cement at 920 f le was drilled to total depth of 3543 feet w s well was drilled from surface to total dep ug the well by loading the hole w/10# drilli as follows: 43 to 3430' w/25 sx San Andres porosi 50 to 1547' w/25 sx Top of Yates 13 to 1100' w/25 sx In and out 7" csg 30' to surface w/10 sx Top 7" csg.	The 8-5/8" casing set of feet in 8" hole is set behind the 7" with porosity in the oth with cable tools. ang mud through 2" tubing

SIGNED Lyng Sheal	TITLE Superintendent	DATE October 3, 1968
APPROVED BY John W. Rungan		Cont in the
CONDITION OF APPROVAL, IF ANY:	TITLE	DATE