## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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40. 41 CONES RECEIVES		
DISTRIBUTION		
BANTA PE		
FILE		
U.S.G.S.		
LAND OFFICE		
OBERATOR	7	

## OIL CONSERVATION DIVISION

P. O. BOX 2088	Form C-103 - Revised 10-1-78
SANTA FE, NEW MEXICO 87501	
U.S.G.S.	5a. Indicate Type of Leuse
LAND OFFICE	State X Fee
OPERATOR	5. State Oil & Gas Lease No.
CHIPDIVALORIGES	L-5119
SUNDRY NOTICES AND REPORTS ON WELLS  IDO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DELPT ON PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" IFORM C-1011 FOR SUCH PROPOSALS.)	
I. OIL X GAS OTHER-	7. Unit Agreement Name
2, Name of Operator	8. Farin or Lease Name
Western Reserves Oil Company J. Address of Operator	Western Holly '32' St
P. O. Box 993, Midland, TX 79702	2
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER B 990 FEET FROM THE NORTH LINE AND 1650 FEET FROM	Tom-Tom (San Andres)
THEEast LINE, SECTION 32 TOWNSHIP 7S RANGE 31E NMP	
15, Elevation (Show whether DF, RT, GR, etc.)	12, County
GR 4286'	Chaves
Check Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
NOTICE OF INTENTION TO: SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	
TEMPORARILY ABANDON COMMENCE DRILLING DPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB X	THE ARE ABARDONNER!
OTHER	
OTHER	•
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	ng estimated date of starting any proposed
0/10/00 mp /010/	
8/10/80 TD 4010'	
8/11/80 Ran 121 joints 10.5# 4 1/2" casing and set at 401	O'. Cemented
with 300 sx Class 'C', 50-50 Pozmix, 8# salt/sx,	2% gel.
POB 2:00 p.m. 8/12/80. WOC 18 hrs. Pressure tes 1000 psi for 30 minutes.	sted casing at
Toos por rot 50 mindees.	
	•
13. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
June June Franklin Agent	BATE 8/18/80
Orig. Signed by	<b>A</b> UG 1 9 1980
John Runyan  Geologist	DATE TO IJOU
CONDITIONS OF APPROVAL, IF ANY	