NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103
FILE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X
OPERATOR			5. State Oil & Gas Lease No. 7169
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO ADRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-1D1) FOR SUCH PROPOSALS.)			
use "Application for PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Kerr-McGee Corporation 3. Address of Operator			State "E"-7169
Box 1347, Odessa, Texas			2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER X , 467 FEET FROM THE South LINE AND 467 FEET FROM			King Devonian
THE WOST LINE, SECTI	on 36 TOWNSHIP 138	RANGE NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)			12, County
	3843.1 GL		
16. Check	Appropriate Box To Indicate N	· · · · · · · · · · · · · · · · · · ·	Lea \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	NTENTION TO:		REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
POLE ON ALTER GASING	Charlet / Earls	OTHER Well Sta	tus Report
OTHER			
17 Describe Proposed or Completed O	perations (Clearly state all pertinent deta	ails and give pertinent dates including	actimated data of starting any proposed
work) SEE RULE 1 103.		and good positions autob, moraling	estimated date of starting dity proposed
abandoned. Ke	prarily abandoned 4-2 err-McGee Corporation	would like to main	tain this well
in its present	t status for possible	e use as a sait wate	r disposat well.
18. I hereby certify that the information	above is true and complete to the best	or my knowledge and better.	
SIGNED (IC	C. C. TITLE D	iv. Prod. Clerk	DATE 2-13-68
	·)		
APPROVED BY	Time Title	STATE OF DESIGNATION OF	DATE
CONDITIONS OF APPROVAL, IF ANY	The state of the s		DATE
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