NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL COM	ISERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		COLINIO COMMISSION	F14661149 1-1-82
U.\$.G.5.	7		5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR	┥		5. State Oil & Gas Lease No.
	. 		410
CITIIS	RY NOTICES AND REPORTS OF	A WELL C	
(DO NOT USE THIS FORM FOR POUR MARPLICA	TO THE TICK OF THE PER OF PLUE OF THE PER OF PLUE OF THE PER OF TH	N HELLS BACK TO A DIFFERENT RESERVOIR. JCH FHODUSALS.)	
I. OIL X GAS WELL .	, Оть9я•		7. Unit Agreement Name TATE "A"
2. Name of Operator	TI COLT ST		8, Farm or Lease Name
3. Address of Operator	IL COMPANY		
-	840 - NOEDL, BEN MEXICO	5 8824 0	9. Well No. CNE
4. Lecution of Well	6.4.1 N.C. 1991	440	10. Field and Pool, or Wildon
UNIT LETTER 4	FEET FROM THE NORTH	LINE AND FEET P	KING - MISSISSIPPIAN
THE EAS'S LINE, SECT	TOWNSHIP 14-5	RANGE 37-E	APM.
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3639		LEA ()))))
Check	Appropriate Box To Indicate 1	Nature of Notice, Report or	Other Data
	NTENTION TO:	•	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING CPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLOG AND ABARDONMENT
		OTHER TESTING MISS	ISSIPPIAN -
OTHER			
 Describe Proposed or Completed C work) SEE RULE 1603. 	perations (Clearly state all pertinent det	ails, and give pertinent dates, includ	ing estimated date of starting any proposed
,			
	•		
			•
Acidize with 500	Sal.		·
Swab load plus 2	O BBLS. New Cil.		
Swabbed Dry.		•	
Acidized with 60	00 GAL. Acid.	,	
Swabbed 100 BBLS	. Back and Swabbed Dry.		
5% Cil.			
		-	
		•	
		•	
B. I hereby certify that the information	above is true and complete to the best of	of my knowledge and belief.	
Then at The	han a	Fice Munig	1_5 74
ICNED AMAN INTO	TITLE	yeur III	DATE 1-5-76
	Total By		
PPROVED BY	TITLE	•	Mart & Server

CONDITIONS OF APPROVAL, IF ANY: