NO. OF COPIFS RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		5. State Off & das Ecase No.
SUN (DO NOT USE THIS FORM FOR USE "APPLIE	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. EATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
l. OIL GAS WELL WELL	OTHER. Plug and Abandon	7. Unit Agreement Name
2. Name of Operator	Oil Corporation	8. Farm or Lease Name  Neicia Mounsey
3. Address of Operator		9. Well No.
	1co Building, Midland, Texas 79701	10. Field and Pool, or Wildcat
4. Location of Well		2006.6
UNIT LETTER	660 FEET FROM THE South LINE AND 2130 FEET	FROM TITLE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT
THE WOST LINE, SE	CTION 17 TOWNSHIP 13-8 RANGE 34-E N	MPM. (())
THE CINE, SE		
	15. Elevation (Show whether DF, RT, GR, etc.) 4164 GR	12. County
	k Appropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF	INTENTION TO: SUBSEQU	ENT REPORT OF:
<del></del>		1
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	·
	OTHER	
OTHER		
17 Describe Proposed or Completes	Operations (Clearly state all pertinent details, and give pertinent dates, inclu	uding estimated date of starting any proposed
work) SEE RULE 1103.		
	11 AM. Ran 8 jts 11 3/4", 31.5# Spiralweld cas	ing set at 320' w/300
1-20-69 Spudded	plus 2% cc. Cement circulated. WOC 15 hours.	Tested at 1000 pai
		149146 at 1000 hor
for 30 m	in. Tested OK.	
		h AGG ear Class MCH nius
1-26-69 Ran 140	ts 8 5/8", 24# and 32# casing set at 4261" wit	u don sax crass c hras
2% cc. V	OC 24 hours. Tested at 1000# for 30 min. Tes	ESG UK.
		· <b>v</b> . ·
	tion above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the informa	tion above is true and complete to the best of my knowledge and benefit	
SIGNED SATOLYN	Jurnon TITLE Production Clerk	DATE 2-28-69
<del></del>		
\\\	Ma	
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF	ANY:	