NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	ITA FE NEW MEXICO OIL CONSERVATION COMMISSION		
FILE		*	The state of the s
U.S.G.S.			State Fee K
LAND OFFICE			5, State Oil & Gas Lease No.
OPERATOR			o, claid on a day gray have
		NAME OF THE PARTY	
SUND (DO NOT USE THIS FORM FOR P	RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG E ATION FOR PERMIT -" (FORM C-101) FOR SUC	WELLS	
USE "APPLICA	ATION FOF PERMIT -" (FORM C-101) FOR SUC	H PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-	•	
2. Name of Operator			8, Farm or Lease Name
Taylor Pruitt			Atlantic Tucker
3. Address of Operator			9. Well No.
c/o Oil Reports	& Gas Services, Box 763	Hobbs, New Mexico	3
4. Location of Well		440	10. Field and Pool, or Wildcat Undes Chaveroe - SA
UNIT LETTER	1980 FEET FROM THE South	LINE AND FEET FROM	CHILD CHEVELOW STATE
	70	328	
THE BASE LINE, SEC	TION 23 TOWNSHIP 78	RANGE NMPM.	
mmmmm	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	4453.2		Reosevelt
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:    SUBSEQUENT REPORT OF:			
NOTICE OF	INTENTION TO:	33232432	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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			
	Operations (Clearly state all pertinent des	trails and give pertinent dates including	restimated date of starting any proposed
Spudded 12 1/4" hele 12:00 Neon 3/3/68. Cemented 8 5/8" 20# casing at 347 feet with 225 sacks class "H" Portland cement, 2% calcium chloride. Cement circulated. WOC 18 hours and tested casing with 1100# for 30 minutes, test 0.K.  Cemented 5 1/2" 15.5# & 17# casing at 4465 with 350 sacks Incer Posmix, 2% calcium chloride, 11# salt per sack and 350 sacks Halliburten light cement, 0.75% CFR-2. Bumped plug with 1800# 3:00 FM 3/11/68. WOC 6 days and tested casing with 2400# for 30 minutes, test 0.K.			
18. I hereby certify that the informat	ion above is true and complete to the best	of my knowledge and belief.  Agent	3/20/68
1/2011	Harris I	*	DATE
APPROVED BY	TINAL TITLE		
CONDITIONS OF APPROVAL, IF A	NY:		