NO. OF COPIES RECEIVED		Form C-103
DIS RIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NE " MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
OPERATOR		State Fee X
OFERATOR		5, State Oil & Gas Lease No.
SUN (DO NOT USE THIS FORM FOR	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR	
1.	PROPOSALS TO SHILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVO!	7. Unit Agreement Name
OIL GAS WELL 2. Name of Operator	OTHER-	7. Sint Agreement Name
TATES OF SOCIETION C	OMPANY	8, Farm or Lease liame
3. Address of Operator	TINAN TABLE	9. Well No.
BOX SEV, AND LAMS 4. Location of Well	9, UKAKS 19714	
UNIT LETTER M	554 FEET FROM THE SOUTH LINE AND 554	PETERSON PENN ASCO
1./	• •	FEET FROM TELEXION TENA 180
THE WEST LINE, SEC	CTION	NMPM.
	15, Elevation (Show whether DF, RT, GR, etc.)	La County
	4422' GL	HOOSEVELT
Check	k Appropriate Box To Indicate Nature of Notice, Repo	rt or Other Data
NOTICE OF	「1017で0171031 70.	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	Al France Comme
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AD CEMENT JOB	
OTHER	OTHER COMPL	erron operations x
		,
	Operations (Clearly state all pertinent details, and give pertinent dates,	
Am 2-8-76 5%	OD 15.5 - 17# J-55 + K-55 LT ! C	aurino ucas out @
70 70 70 70 77		ewing wisker
1956" W/ 4755X	Class H +.75% CFR-2. Sested	lasing w/ 1500ps1
10h 30 min	Sest O.K. after WOC for 1 7754-62 W2SSPF. acidized	· Apple 5 days
gore Se mune.	Sim Ch. agrae well jo	r apps saugs.
per interval	2754-62 W2SSPF. Acidized	W/ 1500 gal 15 % NE
	ver, en , vere ver deserve	, , , , , , , , , , , , , , , , , , , ,
Evaluated a	nd PT.	
Test. FLUI 26	64 BO+ OBW+ 409 MCFG 2414rs. 0. 2/44/76	14/64°CN. GOE 1549.
FTP- 700	0 2/44/76	,,,,,
•	. , , , , ,	
^ ^		
8. I hereby certify that the information	on above is true and complete to the best of my knowledge and belief.	
	A state of the boat of my knowledge and belief.	
IGNED TO STATE STATE	When, ADMINISTRATIVE ASSISTA	NT property of a secretary
	TITLE	DATE LE POUR
2-NMOCC-H		Section 1
PPROVED BY OF APPROVAL, IF AN	TITLE	DATE
CONDITIONS OF APPROVAL, IF AN	IYI	