NO. OF COPIES RECEIVED	]		,	Form C-103
DISTRIBUTION	]	HODDS OFFICE O	e <b>c</b>	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	· • · • ·	Effective 1-1-65
FILE	4	May 31 8 13 A	N '68 .	Co. Indiana Thursday
U.S.G.S.	-	MAI JI O 13 A	,, 60	5a. Indicate Type of Lease State Fee
OPERATOR	†			5. State Oil & Gas Lease No.
	ــا			
SUNDF (DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON OPOSALS TO DRILL OR TO DEEPEN OR PLUG BATTON FOR PERMIT - " (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)		
OIL GAS WELL WELL	OTHER•			7. Unit Agreement Name
2. Name of Operator	and the Committee			8. Farm or Lease Name
Ryle: Coll and	garrane 301 beey			9. Well No.
· ·	Wichita Talls, Texas To	<b>(3</b> 01		g. Well No.
4. Location of Well	<u> </u>			10. Field and Pool, or Wildcat
UNIT LETTER	460 FEET FROM THE CLOTCH	LINE AND	FET FROM	`1olja∵∵ar
			h	
THELINE, SECT	IONTOWNSHIP	7 37 37	нмрм.	
mmmmmm	15. Elevation (Show whether	DF RT CR etc.)		12, County
		record		12. Comm',
16. Check	Appropriate Box To Indicate N	ature of Notice Repor	t or Oth	er Data
	NTENTION TO:	<del>-</del>		REPORT OF:
PERFORM REMEDIAL WORK				
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING OPNS.	H	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		, as a kind Addition in a line of the control of th
		OTHER		
OTHER				
17. Describe Proposed or Completed O work) SEE RULE 1103.	operations (Clearly state all pertinent deta	nils, and give pertinent dates,	including e	estimated date of starting any proposed
5-165 ulle	. 0041 ancira			
5 ° 1 ° 60 an€	1 yer Cashig			
	ast from bridge plug (5.31)		et ees	~∵ni.
Set 30	) sx cmt. at casing stub	@ 990¹.		
Set 10	) sx cmt. in top of surface	ce.		
Set m	netal marker at well site.	•		

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. I hereby certify that the information above is true and complet	e to the best of my knowledge and belief.	13 ( 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ENED Man Halsey	Agent	
PROVED BY Jam W. Kunyan	TITLE	DATE
ONDITIONS OF APPROVAL, IF ANY:		