	<u>.</u>
NO. OF COPIES RECEIVED	Form C-103
DISTRIBUTION	Supersedes Old
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	Effective 1-1-65
U.S.G.S.	Sa. Indicate Type of Lease
LAND OFFICE	State 1 (2.1) Fee
OPERATOR	5. State Oil & Gas Lease No.
	LC-029509B
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL	7. Unit Agreement Name
WELL OTHER - Streeting Well-Water	mcA unity
2. Name of Cperator	a. Farm or Leane Name
3. Address of Operator	19nCA Unit
P.O. Bay 460, Hobba, n.m. 88240	3.4
14. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER F 1980 PRET PROM THE North LINE AND 1980 PRET PRO	malana G S A
UNIT LETTER F. 1980 PEET PROM THE HOUTH LINE AND 1980 PEET PRO	Milliagener (7) Hill
THE West LINE, SECTION 22 TOWNSHIP 175 RANGE 32E NAME	
THE STATE LINE, SECTION CA TOWNSHIP TO RANGE THE NMPH	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3995'DF	Year Milli
Check Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
	T REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	1-40:10
OTHER Notice of shut in	- Hale Lyter Well
OTHER	•
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any propo-
work) SEE RULE 1 103.	
	-14
This well was shut in 12-16-87 because	of the
Orilling in the area. It will be placed back injection after Completion of the new wells	
	. .
Insertion after Completion of the hew well	
singular of the	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Ederal Vista Van Mi + J. 8 .	
SIGNED Edward Repford for TITLE administrative Dupermison	DATE 12-28-87
ORIGINAL SIGNED BY JERRY SEXTON	
APPROVED BY DISTRICT I SUPERVISOR	^^*G EC 3 0 198/-

CONDITIONS OF APPROVAL, IF ANY:

PATEDEC 3 0 1987