		_					(Revised 7/1/52)
	-11	r D	V LNEW N	IEXICO OIL CONSE	RVATION COMM	ISSION	
\sim	IPL	145	3	IEXICO OIL CONSE Santa Fe, No	w Mexico	000.71	
- \ \L	شرار						
111		TOZ	ICE OF I	NTENTION TO) DRILL OR	RECOMPLE	TE
	must be g		the District Off	ion of the Oil Conservation	on Commission and ann	roval obtained before	drilling or recompletion
				onsidered advisable, a cop one copy will be returned			
tions of the	notice in Cominissic	QUINI m.	If State Lank	d submit 6 Copies	tonomia approximation		
X	idland,	Texa				June 1, 1956	
·····			(Place)	••••••		(Date)	
OIL CONS							
SANTA FE.	, NEW M	IEXICO)				
Gentlemen:							
You are	e hereby :	notified	that it is our ir	ntention to commence the	(Drilling) (Research	ER) of a well to be known	own as
				Company o	r Operator)		•••••••••••••••••••••••••••••••••••••••
¥. 3	Deng	lade			. Well No	, in	The well is
			(Lease)	~			fact from the
located		fe	eet from the	South	** *4	line and	NDADY
Ea	at					2 K	
(GIVE LO	CATION	FROM	SECTION LIN				County
				If State Land the Oil an			
				If patented land the own			
D	С	В	A	Address		Poter	
+				We propose to drill well	with drilling equipment	as follows:	
E	F	G	н				
L	•	U					
						,	
L	к	J	I	Drilling Contractor			
		0					•••••••••••••••••••••••••••••••••••••••
М	N	0	Р	We intend to complete	this well in theDer		•••••
	1			formation at an approx	imate depth of		feet.
					ROGRAM		
We pr	opose to u	ise the f	ollowing strings	of Casing and to cement th	hem as indicated:	<u> </u>	
Size of Hole			Size of Casing	Weight per Foot	New or Second Hand	Depth	Backs Cement

Size of Hole	Bize of Casing	Weight per Foot	New or second Hand	Берги		
17 1/4*	13 3/8"	120	Yew	4091	400	
11 1/4*	9 5/8*	36-40#	Ħ	46501	2200	
7 7/8=	5 1/2"	17-20-234		132001	1000	
				-		

If changes in the above plans become advisable we will notify you immediately.

ADDITIONAL INFORMATION (If recompletion give full details of proposed plan of work.)

.....

19.

JUN 1 1 1956

Approved...... Except as follows:

By.

TION COMMISSION OIL CONSE

Sincerely yours,

By.

GAS COMPAND STHCLATE or Operator Щ. Defenbette

(Form C-10.)

Send Communications regarding well to

Name...H....P...Defenb P.0. DYD. Rex Address.

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