NO. OF COPIES RECEIVE	D					Supersedes Old		
DISTRIBUTION NEW MEXICO OIL CONSERVATION GOMMISSION						C-102 and C-103 Effective 1-1-65		
SANTA FE		NEW ME	XICO DIL CONSE	KAM LON COMMISSION				
FILE						5a. Indicate Type of Lease		
U.S.G.S. [420] 42 127						State Fee.		
LAND OFFICE					5. S	tate Oil & Gas Lease No.		
OPERATOR						-7893		
	SUMDRY	NOTICES AND	REPORTS ON	WELLS				
(DO NOT USE TH	SUINDE IS FORM FOR PROPOS USE "APPLICATION	SALS TO DRILL OR TO	DEEPEN OR PLUG BA	NELLS CK TO A DIFFERENT RESERVO PROPOSALS.)	R.			
l.						Jnit Agreement Name rington Paddock Unit		
OIL MELL	WELL .	OTHER-				Farm or Lease Name		
2. Name of Operator					". '	dill of Fedge Mane		
		RLLY OFF. CO	PANY			Well No.		
3. Address of Operator					j.	•		
		0. Box 730	- Hobbe, He	Mexico 88240	10	Field and Pool, or Wildcat		
4. Location of Well								
UNIT LETTER		FEET FROM	THESouth	LINE AND	_ FEET FROM			
THEESE	LINE, SECTION	T	OWNSHIP	RANGE	имрм. (()			
			tion (Show whether	DE RT CR etc.)	12	County		
		15. Elevat	_	pr, kii, ok, coo,				
			_3853 <u>' DF</u> _		0.1	Date		
16.			To Indicate N	ature of Notice, Rep	ort or Other	Data		
N	OTICE OF INT	ENTION TO:		SUE	SEQUENT RI	EPORT OF.		
	_					ALTERING CASING		
PERFORM REMEDIAL WO	чк	PLUG	AND ABANDON	REMEDIAL WORK	H	PLUG AND ABANDONMENT		
TEMPORARILY ABANDON			ا ا	COMMENCE DRILLING OPNS. CASING TEST AND CEMENT.	$\overline{}$			
PULL OR ALTER CASING	لـا	CHAN	IGE PLANS		, qa			
			tion I	OTHER				
OTHERCONTOR	t well to	Water Injec						
17 Describe Proposed	or Completed Oper	rations (Clearly sta	te all pertinent det	ails, and give pertinent date	es, including est	mated date of starting any proposed		
work) SEE RULE	1 103.							
	99 aka aa	the second	no out of ti	sis well. We wil	1 then in	stall Water Injection		
We plan to	pull the re	her was carr	h com bale	section 6118-62	5 into t	e Peddeck Formation.		
Squipment (me inject t	West cured	7 3731 1743					
	400 0		Wall for	the Leginston P	ddock Uni	t, which is operated		
This well t	All be a M	tter trieser	TOR MOTT TAT	PHP BOARDANN				
by Shelly O	17 Combanh.							
					· · · · · · · · · · · · · · · · · · ·			
18. I hereby certify th	at the information	above is true and c	omplete to the best	of my knowledge and belie	•			
/ ORIGI								
1	NAL							
SIGN	··· 1 17 Ta	Fletcher	TITLE 1	<u> Latrict Superint</u>	endent	DATE		
SIGNED SIGN	··· 1 17 Ta	Fletcher		Matrict Superint	endent	<u> </u>		
SIGNED SIGN	··· 1 17 Ta	Fletc her	TITLE	Matrict Superint	endent	DATE 1.9 1967		

CONDITIONS OF APPROVAL, IF ANY:

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