NO. OF COPIES RECEIVED		1.*	Form C-103
DISTRIBUTION	:	men en e	Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		83° M. eu 81	
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5, State Oil & Gas Lease No.
			
SUND (DO NOT USE THIS FORM FOR P USE "APPLIC			
OIL X GAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator SCORNIY MOBIL OIL CONTANY, INC.			8. Farm or Lease Name J. C. Maxwell
3. Address of Operator			9. Well No.
P. O. Box 1800, Hobbs, New Mexico			5
4. Location of Well			10. Field and Pool, or Wildcat
			Denton Devonian
UNIT LETTER H 2310 FEET FROM THE NORTH LINE AND 330 FEET FROM			ROM Delicon Devolitali
Past	22 146	077	
THE EAST LINE, SECT	TION 27 TOWNSHIP 145	RANGE 37E NM	PM. (
mmmm	15 51 41 (61 1 1 1	DE DE CD	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3855 DF		Lea
Check	Appropriate Box To Indicate N	lature of Notice, Report or	Other Data
	INTENTION TO:		ENT REPORT OF: ,
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		отнек Темроз	rarily Abandoned X
OTHER			
17. Describe Proposed or Completed (work) SEE RULE 1703.	Operations (Clearly state all pertinent det	ails, and give pertinent dates, includ	ling estimated date of starting any proposed
worky see Noce 1103.			
TD 12 651 9			
TD 12,651'			
Studying for worko	ver		
18. I hereby certify that the informatio	n above is true and complete to the best o	f my knowledge and belief.	
_ / / .			
SIGNED E L	en	Group Supervisor	1_1_44
, ivaeu	77 TITLE	Group Subervisor	DATE <u>1≒1=66</u>
)		
PPROVED BY			

CONDITIONS OF APPROVAL, IF ANY: