	م.	
NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State 💌 Fee.
OPERATOR		5. State Oil & Gas Lease No.
		K-3925
SUNDRY	Y NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROP USE "APPLICATION"	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
		<b>***</b> *** <b>*** ** ** * * * *</b>
3. Address of Operator		9. Well No.
4. Location of Well	Gas Services, Box 763, Hobbs, New Mexico	10. Field and Pool, or Wildcat
UNIT LETTER,	30 FEET FROM THE North LINE AND 1650 FEET F	ROM No. Anderson Rench
THE LINE, SECTION	N 34 TOWNSHIP 15 8 RANGE 32 K NA	ирм. (
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4297.5 KB	Lea
Check A	appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF IN	TENTION TO: SUBSEQUI	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON W REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
- THE ON ACTEM CASING		[
OTHER	OTHER	
• · · · · · · · · · · · · · · · · · · ·		
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1603.</li> </ol>	erations (Clearly state all pertinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
wo,,,, 022 Non2 1.001		
To c	onfirm verbal approval 1/12/68 from Joe D. Re	lmev
	ack Brown to plug as follows:	
<b></b>	• •	
	25 sacks across perfs 10,170-260	
	25 sacks at 4-1/2" casing stub	
	25 sacks at top Glerieta	
	25 sacks across 8-5/8" shee	
	25 sacks at 8-5/8" casing stub	
	25 sacks acress 13-3/8" shee	
	•	_
	10 sacks at surface with regulation market	<b>.</b>
	Mud between all plugs.	
	Location to be cleared and levelled.	
18. I hereby certify that the information a	above is true and complete to the best of my knowledge and belief.	<del></del>
1 00 .		
SIGNED A. L. Smut	TITLE Anamt	DATE 1/17/40
		UAIC SISIAM

CONDITIONS OF APPROVAL, IF ANY:

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