	1		
NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION			
NEW MEXICO OIL CONSERVATION COMMISSION			Effective 1-1-65
FILE U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
	territoria. Per esta de la companya de la compa		К6666
SUNDR	Y NOTICES AND REPORTS OF	WELLS BACK TO A DIFFERENT RESERVOIR. ICH PROPOSALS.	
1. OIL X GAS WELL X	OTHER•		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Mame
Western Oil Producers, Inc.			Amoco State
3. Address of Operator			9. Well No.
P.O. Box 2055 Roswell, New Mexico 88201			1
4. Location of Well	660 South	660	10. Field and Pool, or Wildcat
UNIT LETTER,	660 FEET FROM THE South	LINE AND FEET FRO	Maljamar Penn
THE West LINE, SECTION	on 28 TOWNSHIP 16-S	RANGE 33-E NMP	
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	4218.2 GR	bi, ki, ok, etc.)	
16. Charle		Name of Name o	Lea (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NOTICE OF IN		Nature of Notice, Report or C	ither Data NT REPORT OF:
70.102 01 11	LINION 10.	30832432	W REFORE 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	**.ys
		OTHER	
OTHER			
17. Describe Proposed or Completed Op	erations (Clearly state all pertinent de	l tails, and give pertinent dates, includi	ng estimated date of starting any proposed
L.T.C. cmt. @ 904' w/ After W.O.C. 18 hrs. communication. 11-9-76 - TD 4440' ran @4440' w/250 sxs cl. 0	400 sxs Howco lite & 20 test csg. 1800 psi 30 m n 108 jts. (4447') 8 5/ C w/2% CACL cmt. PD 12:	0 sxs Cl C with 2% CACL in. test ok drill cmt. 8" 24 and 32# J-55 3R-R 15 P.M. 11/8/76. After	test 500 psi no 2 csg. with ST&C cmt. W.O.C. 18 hrs. tested
1000 psi no communica		min. test ok. Drill cm	t. and shoe tested
18. I hereby certify that the information	bove is true and complete to the best	of my knowledge and belief.	
SIGNED Cerrold le	wkik	Cost Supt	DATE 12/7/76
		•••	174 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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CONDITIONS OF APPROVAL, IF ANY:

