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.		Sa. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)		
OIL GAS WELL X	OTHER-	7. Unit Agreement Name
2. Name of Operator	· · ·	8. Farm or Lease Name
READING & BATES PETROLEUM COMPANY		PAYNE
3. Address of Operator		9. Well No.
810 North Dixie Blvd.	Rm 202 Odessa, Texas 79761	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER J 1650 FEET FROM THE SOUTH LINE AND 1650 FEET FROM		W. Lovington Penn
UNIT LETTER,FEET FROM THE LINE AND FEET FROM		
THE EAST LINE, SECTION 24 TOWNSHIP T-16-S RANGE R-35-E NMPM.		
THE LINE, SECT	TOWNSHIP RANGE NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	KB 3977.3 DF 3976.8	LEA ()
16. Chack	Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
	77 -	T 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	
	OTHER	
OTHER		
17. Describe Proposed or Completed C	Operations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
work) SEE RULE 1103.		
Plug # 1 11378 -	11278 100' open hole 26 sx	
	9480 100' " 26 sx	
3 6340 -		
4 4950 -		. seat
	_	cross surface shoe)
	0' to surface 9-5/8 csg.	
0 11 37 2	o to sarrace y sy o cog.	
		·
		<del></del>
18. I hereby certify that the informatio	n above is true and complete to the best of my knowledge and belief.	
I Mark I'm	n Vincon Draduation Cont	1 2 - 1 2 - 8 3
SIGNED CONTRACTOR DOI	n Kipgen TITLE Production Supt.	
( // De //	OIL & CAC MICHECTOR	The Military of the Colorest
APPROVED A LINGUIST TITLOIL & GAS INSPECTOR PATERIAL O 1 1000		
CONDITIONS OF APPROVAL, IF ANY:		