					F C. 102
NO. OF COPIES RECEIVED					Form C-103 Supersedes Old
DISTRIBUTION					C-102 and C-103
SANTA FE		NE	W MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE					Sa. Indicate Type of Lease
U.S.G.S.					
LAND OFFICE		I			State Fee XX
OPERATOR	+ + -	I			5, State Oil & Gas Lease No.
OF ERATOR					
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 "PAPPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					
1. OIL XX GA: WELL XX WE	·. 🗆	OTHER-			7. Unit Agreement Name
2. Name of Operator Sohio Petro	8. Form or Lease Name  Monteith MUNTIETH				
3. Address of Operator	9. Well No.				
10 Desta Dr	1				
4. Location of Well		1920	South	1980	N.E. Lovington (Penn)
UNIT LETTER		FEET			
West	LINE, SECTI	20 •••	16-S TOWNSHIP	37-E	мрм. (
mmmm	m	1111111	Elevation (Show whether	DF. RT. GR, etc.)	12. County
		//////////////////////////////////////	3833' RT		Lea
		77777			
16.		Appropriate		Nature of Notice, Report of SUBSEQU	r Uther Data JENT REPORT OF:
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_
PERFORM REMEDIAL WORK	VV		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
· ·	<u>~</u>			COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	-		ANNUAL DIANG	CASING TEST AND CEMENT JOB	1
PULL OR ALTER CASING			CHANGE PLANS	OTHER	í <u></u>
				OTHER	
OTHER					
		· · · · · · · · · · · · ·	-l. sees all partinent det	ails and sive pertinent dates, incl	luding estimated date of starting any proposed
17. Describe Proposed or work) SEE RULE 110:	Completed C	perations (Crear	ity state are perturent ass		-
2011., 022					
•					
	1. #1 4-	-1a-nod (	for reperforati	ng and restimulation	of the Strawn
The Montlet	n #1 1s	pranned	tor reperioraci	o remedial work is ni	lanned on or
Formation o	f the P	ennsylvani	ian System. In	e remedial work is pl	nonceary forms
about June	30. 198	4. Sohio	Petroleum Comp	any will submit air i	lecessary forms
to NMOCD as	requir	ed for any	y change in pro	duction status.	
	•				
•					
	_				
18. I hereby certify that th	a Information	n above is true	and complete to the best	of my knowledge and belief.	
is, I nereby certify that the		<u> </u>			
MALA		10		Dist. Production Sup	6/26/84
SIGNED MATTER	M	x.	TITLE	Dist. Hodderion bup	DATE
	die W.	Seay			
Ed	धार बड.	nspector			JUN 29 1984
nil 8	Gas l	usbecio.	TITLE		DATE
APPROVED BY					

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED