| J. O COPIES RECEIVED TRIBUTION FE LUS.G.S. | NEW MEXICO OIL CONS | SERVATION COMMISSION | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 5a. Indicate Type of | |
|--|----------------------------|---|--|-------------------------|
| LAND OFFICE OPERATOR | | | 5, State Oil & Gas 1 6C-1435 | |
| SUNDR (DO NOT USE THIS FORM FOR PRI USE "APPLICAT | | | | |
| I. OIL GAS | | | 7. Unit Agreement 1 | Name |
| 2. Name of Operator | OTHER- TEMPORALLY ADV | attaonea | 8. Farm or Lease N | |
| C. W. Trainer 3. Address of Operator | | | R. A. State | |
| | Services, Inc., Box 763 | , Hobbs, New Mexico | 1 | |
| 4. Location of Well | | | 10. Field and Pool, | or Wildcat |
| UNIT LETTER | .988 South | LINE AND FEET | FROM Wildcat | mmm |
| West | ION TOWNSHIP 18 8 | 84 E | NMPM. | |
| THE LINE, SECTI | | | | HHHH |
| | 15. Elevation (Show whethe | ⊤ DF, RI, GR, etc.) | 12. County | |
| PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING | PLUG AND ABANDON XX | REMEDIAL WORK COMMENCY CHILLING OPNS. CASING TEST AND CEMENT JQB OTHER | PLUG ANI | G CASING D ABANDONMENT |
| work) SEE RULE 1103. Well 1 Exact later. | | uary 1, 1975. 1 be submitted | luding estimated date of st | arting any proposed |
| E | apires 2/ | 1/75 | | |

Agent

DATE 10/29/74

DATE ___

APPROVED BY ______ TITLE ______
CONDITIONS OF APPROVAL, IF ANY:

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.