DISTRIBUTION		Ferm 3-103
		Supersedes Old
	_	C-102 and C-103
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	-	Sq. Incidate Type of Lease
U.S.G.S.		State Fee
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		5, State C., & Gds Ledse No.
		VIIIIIIIIIIIII
SUND DO NOT USE THIS FORM FOR F	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO SELL OF TO DEEPEN OF PLUG BACK TO A DIFFERENT RESTRYCIA. ATION FOR PERMIT - FORM C-101) FOR SUCH PROPOSALS.	
1.		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER.	
2. Name of Operator		8. Farmor Lease Name
C. H. Sweet 941	-O	Labr Crinos
3. Aidress of Operator		g. Wall Mo.
Dow 1115 Wabbe	સ સ સ્થાગોત	1-4 /
Box 1115, Hobbs	, N.M. 06240	17. Field and Fool, or Wildow
	FEET FROM THE INS AND FEET FROM THE	Hobbs
UNIT LETTER	FEET FROM THE TIME AND	
	TION 20 TOWNSHIP 185 RANGE 38E NO	
THELINE, SEC	TION TOWNSHIP TOS HANGE	
	is. Elevation (Show whether DF, RT, GR, etc.)	12. County
		Col. D
	k Appropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF	INTENTION TO: SUBSEQUE	INT REPORT OF:
PERFORM REMEDIAL WORK	FLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE SPILLING SEVS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT AND	
	OTHER	
OTHER		
and the second of Complete's	Operations (Clearly state all pertinent details, and give pertinent dates, inclu	Ung est ruled date of starting any proposed
work) SEE RULE 1103.		
We are going to temp		A 70-43
	orarily abandon this well and pump the Crimes 3	-A. Both wells are
in Unit I.	orarily abandon this well and pump the Crimes 3	-A. Both wells are
	orarily abandon this well and pump the Crimes 3	-A. Both wells are
	orarily abandon this well and pump the Crimes 3	-A. Both wells are
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	orarily abandon this well and pump the drimes 3.	
in Unit I.	Experie	
in Unit I.		
in Unit I. 18. I hereby certify that the informa	tion above is true and complete to the best of my knowledge and belie.	
in Unit I. 18. I hereby certify that the informa	tion above is true and complete to the best of my knowledge and belie.	
18. I hereby certify that the informa	Experie	8/4/76

CONDITIONS OF APPROVAL, IF ANY: