NO. OF COPIES RECEIVE	D			Form C-103	
DISTRIBUTION				Supersedes O	
SANTA FE		NEW MEXICO OIL CONS	ERVATION COMMISSION	C-102 and C- Effective 1-1-	
FILE				=	<b>3</b>
U.S.G.S.		~ Nov 15	8 19 M 65	5a. Indicate Type	e of Lease
LAND OFFICE		MON 12	0 15 120 00	State	Fee.
OPERATOR				5. State Oil & Go	rs Lease No.
	SUNDRY	NOTICES AND REPORTS ON	WELLS		
(DO NOT USE THIS	S FORM FOR PROP USE **APPLICATION	ONTICES AND REPORTS ON COSALS TO DRILL OR TO DEEPEN OR PLUG ED FOR PERMIT - " (FORM C-101) FOR SUC	ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)		
1.	GAS			7. Unit Agreemer	nt Name
WELL L	WELL	OTHER-			
2. Name of Operator				8. Farm or Lease	
Culf Oil C	orporation	A			mes (NCT_A)
3. Address of Operator				9. Well No.	
Best 670, H	CODS, N.A.	•		15	
4. Location of Well			***	10. Field and Po	ol, or Wildcat
UNIT LETTER	, <u>9</u>	90 FEET FROM THE SOUTH	LINE AND 2310	FROM HODDS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
THE	LINE, SECTION	10WNSHIP 158	RANGEN	мрм.	
mmmm	mm	(2)	DE DE CD		<i>111111111</i>
		15, Elevation (Show whether	Dr, KI, GR, etc.)	12. County	
		3638		Les	<u> </u>
	Check A	ppropriate Box To Indicate N	lature of Notice, Report or	Other Data	
NO	TICE OF IN	TENTION TO:	SUBSEQU	ENT REPORT OF:	
				ı	(
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	ALTER	ING CASING
TEMPORAR!LY ABANDON			COMMENCE DRILLING OPNS.	PLUG A	AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB		<del></del> 1
OTHER Acid		[	OTHER		
OTHER					
17. Describe Proposed on work) SEE RULE 10	Completed Ope	erations (Clearly state all pertinent det	ils, and give pertinent dates, inclu	iding estimated date of	starting any proposed
work) SEE ROLE IN	03.				
m 4105°					
•					
It is prop	cosed to t	rest open hole 4090° to	4105' with 2,000 gal	lone 15% NB ac	id.
• •					
		<del> </del>			
	he information a	bove is true and complete to the best of	f my knowledge and belief.		
DEG.	100 sa	ii			20 42
SIGNED 2	10 10 10 1 L	TITLE	res responsem ingines	DATE	32-65
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(	The second secon	TITLE	+ - +	1,71 × 1	

CONDITIONS OF APPROVAL, IF ANY: