

FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator D A & S Oil Well Servicing, Incorporated 3. Address of Operator c/o Oil Reports & Gas Services, Inc. Box 763 Hobbs, New Mexico 4. Location of Well UNIT LETTER "P" , 330 FEET FROM THE South LINE AND 330' FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 39-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3642 DF.	7. Unit Agreement Name 8. Farm or Lease Name Johnson "A" 9. Well No. 1 10. Field and Pool, or Wildcat So. Carter San Andres 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set C I B P @ 5100' cap w 30' cement (3sx)
Cut casing aprx. 4200'
38 sx plug @ stub
38 sx plug @ 2150 (top of salt) 100'
38sx plug 375 to 275 100'
10 sx plug @ surface

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

SIGNED <u>M. D. Unruh</u>	TITLE <u>Supervisor</u>	DATE <u>August 21, 1973</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		