NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXIC	CO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			Sa. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5, State Oil & Gas Lease No.
			E 1085
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.)			
l. OIL GAS WELL WELL	X OTHER-		7, Unit Agreement Name
2. Name of Operator			8. Form or Lease Name
Southern Union Supply Company			Gallagher "8" State
3. Address of Operator 1402 Fidelity Union Tower, Dallas, Texas 75201			2
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM			10. Field and Pool, or Wildcat Undesignated
THE West LINE, SECTION 8 TOWNSHIP 17-S RANGE 34-E NMPM			NMPM. ()
······································		(Show whether DF, RT, GR, etc.)	12. County
	15. Elevation	(Snow whether Dr., KI, GR, etc.)	Lea
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AN	D ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE		
	,	OTHER	
OTHER			
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. Commenced operations on November 14, 1975, with Cactus Drilling Corporation as Contractor. Set 20 Jts. of 8 5/8" OD 32# casing with casing patch on old 8 5/8" casing at 852' on November 17, 1975. Tested 8 5/8" casing, casing patch, casinghead, BOP blind rams, pipe rams, all valves and connections to 1500 psig for 30 min. on November 18, 1975.			
18. I hereby certify that the i	nformation above is true and comp	lete to the best of my knowledge and belief.	
SIGNED Havid I	Malt	Drilling Engineer	DATE 11/19/75
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CONDITIONS OF APPROVAL IF ANY:

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