NO. OF COPIES RECEIV	ED					Form C-103	د
DISTRIBUTION						Supersedes Ol C-102 and C-1	
SANTA FE						Effective 1-1-6	,5
FILE							
U.S.G.S.						5a. Indicate Type	of Lease
LAND OFFICE						State X	Fee
OPERATOR						5. State Oil & Gas	į
						E 1632	- 1
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.)							
OIL X	GAS WELL	OTHER-				7. Unit Agreemen	: Name
2. Name of Operator	WELL	OTHER-				8. Farm or Lease	Name
Anadarko Production Company							ייטיי State
P. O. Box 116 Loco Hills, New Mexico							
4. Location of Well UNIT LETTER							ol, or Wildcat
ONIT CELLER	/	, EE1	FROM THE	2102 022	LINE AND FEE: FROM		
THE East LINE, SECTION 28 TOWNSHIP 18 RANGE 34 E NMPM.							
		15. !	Elevation (Sh	ow whether	DF, RT, GR, etc.)	12. County	<i>71111111</i>
				4023.		Lea	
16.	Cl		D. T. I			•	************
				idicate N	ature of Notice, Report or Otl		
N	OTICE OF IN	TENTION T	·O:		SUBSEQUENT	REPORT OF:	
					<u></u>		
PERFORM REMEDIAL WOR	₹К		PLUG AND AB	ANDON	REMEDIAL WORK	ALTER	ING CASING
TEMPORARILY ABANDON				_	COMMENCE DRILLING OPNS.	PLUG A	ND ABANDONMENT
PULL OR ALTER CASING			CHANGE PLAN	ıs	CASING TEST AND CEMENT JOB		
g - 4-					OTHER		
OTHER SET	surface o	asing		X			
17 Describe Proposed	or Completed Op	erations (Clear	ly state all n	ertinent det	lails, and give pertinent dates, including	estimated date of s	starting any proposed
work) SEE RULE	1 103.	stations (steer	., c.a a p		and give political autor, including		carring any proposes
	C.man.d.	1, 00	TO A	71	4 70/0		
	Spud:	4:00	PM	14 Au	gust 1968		
Drill to 350', Set 350' of 8 5/8" 24.0# casing.							
Cement with 250 sacks of Class H cement w/2% CaCl.							
Shut well in for 12 hours. Drill ahead.							
<u>Verbal approval</u>							
			-				
		<u> </u>					·
18. I hereby certify tha	t the information	above is true a	nd complete	to the best	of my knowledge and belief.		
\mathscr{A}	1-	a 1					
J. V.	To	Cinton	,	TITLE Dis	strict Superintenden	t DATE 9-	21 -6 8
SIGNED	R. Layto	n/		,,,,,,,			
1]	$\sim \Lambda$						
Va 1.	1/1/1	There 1.		<		n	
APPROVED BY		man -		TITLE		DATE	
CONDITIONS OF APP	ROVAL, IF ANY	. /					
\mathcal{U}							