NO. OF COPIES RECEIVED	OPIES RECEIVED			Form C-103 Supersedes Old	
DISTRIBUTION					
SANTA FE	NEW MEXICO OIL CONS	Effective 1-1	-65		
FILE	3-1960CC		5a. Indicate Typ	pe of Lease	
U.S.G.S.	1-File		State	Fee 🔀	
OPERATOR			5. State 011 & C	as Lease No.	
SU (DO NOT USE THIS FORM FO					
l.	PLICATION FOR PERMIT (FORM C-101) FOR SUC	A PROPOSALS.)	7. Unit Agreeme	ent Name	
OIL GAS WELL WELL	OTHER-				
2. Name of Operator				se (June	
GHTY CIL COMPANY				W. D. Grimes	
3. Address of Operator					
P.O. Box 249, Bobbs, New Mexico 88240				10. Field and Pool, or Wilcon	
UNIT LETTER I 1878.5 FEET FROM THE SOUTH LINE AND 557 FEET FROM					
UNIT LETTER	FEET FROM THE LANGE	LINE AND FEET FACE			
THE THE LINE,	SECTION 29 TOWNSHIP 18	S RANGE 38 B NM <sup>3</sup> 1			
	<u>-</u>		12. County	77777777	
15. Elevation (Show whether DF, RT, GR, etc.)					
	3647 GL		Lea		
Cho	eck Appropriate Box To Indicate N				
NOTICE	OF INTENTION TO:	SUBSEQUE	NT REPORT OF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	ERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.		AND LEAND INMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		- Personal	
		OTHER			
OTHER					
with 2100 sacks	hole to 3850'. Set 9-5/8" Class "C" 3 to 1 Dismix wit occle per sack and 200 sack 24 hours. Tested 9-5/8" c	h of salt per sack and	S Gilsonit	e per	
Origina		of my knowledge and belief.	SATE <b>Ja</b> L	m <b>ary</b> 16, 1970	
APPROVED BY	They TITLE		DATE.	1 1	
CONDITIONS OF APPROVAL, I	FANY:				