		-	-
NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL C	ONSERVATION COMMISSION	Effective 1-1-65
FILE			•
U.S.G.S.			5a, Indicate Type of Lease
LAND OFFICE			State X Fee
			5. State Oil & Gas Lease No.
OPERATOR			13897
			mmmmmm -
IND NOT USE THIS FORM FOR PROPOS	NOTICES AND REPORTS	ON WELLS UG BACK TO A DIFFERENT RESERVOIR.	
USE "APPLICATION	FOR PERMIT -" (FORM C-101) FOR	SUCH PROPOSALS.)	7. Unit Agreement Name
1. OIL V GAS			7. One Agreement Nume
WELL L	OTHER-		
2. Name of Operator			8. Farm or Lease Name
J. C. BARNES OIL COMPA	ANY		LEA-MEX
3. Address of Operator			9. Well No.
P.O. BOX 505, MIDLAND	, TEXAS		1
4. Location of Well			10. Field and Pool, or Wildcat
1980	O FEET FROM THE SL	660	N.W. VAC. WOLFCAMP
UNIT LETTER	FEET FROM THE	LINE AND F	111111111111111111111111111111111111111
WEST	5 TOWNSHIP 17	'S 34E	
THE LINE, SECTION_	TOWNSHIP	RANGE	— HMPM.
mmmmm	15. Elevation (Show whe	ther DE RT CR etc.)	12. County
	GR 4124	mei Di, ici, oit, etti,	LEA
ÄIIIIIIIIIIIIIII	<u> </u>		
Check Ap	propriate Box To Indicat	e Nature of Notice, Repor-	t or Other Data
NOTICE OF INT	ENTION TO:	SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	•	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
<b>=</b>	CHANGE PLANS	<u> </u>	H
PULL OR ALTER CASING	Change Teams	OTHER RISERS FRO	DM CASINGS. [X]
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.			
TNOTALL OU DICEDO & MALVES IN SUDEACE INTED DEPONICTION CASINGS AND REGULET TO SUDEACE			
INSTALL 2" RISERS & VALVES IN SURFACE INTER., PRODUCTION CASINGS AND BROUGHT TO SURFACE.			
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$\sim M$			
Calle To se to	- 1 B. Juh	and Alexan	
was sopule	1 ray	a. Junga	4
18. I hereby certify that the information ab	ove is true and complete to the b	est of my knowledge and belief.	
/ SUMM/	2,		
	Lelle me	PROD. SUPERINTENDENT	DATE 8-17-76
SIGNED			
			DIM + 9
	-		

APPROVED BY \_\_\_