NO. OF COPIES RECEIVED			Form C-103						
DISTRIBUTION		HUBBS SETTICE O. C. C.	Supersedes (	<b>ી</b> ત					
SANTAFE	NEW MEXICO OIL CO	NSERVATION COMMISSION	C-102 and C-						
FILE		JAN 12 3 00 PM 67	Effective 1-1	-65					
U.S.G.S.		JAN 12 5 GS TT	5a, Indicate Typ	n of Lagra					
LAND OFFICE	* .*		State 💢	Fee					
OPERATOR			5. State Oil & G						
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SUNDRY	NOTICES AND REPORTS O	AL WELL 6	17777777	1520 					
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1.	FORM C-101) FOR	SUCH PROPOSALS.)	_7777777777						
OIL GAS WELL WELL	OTHER-		7. Unit Agreemer	nt Name					
2. Name of Operator	OTAL.								
Mehil Cil Corporation			8. Farm or Lease Name						
P. C. Pox #633, Midland, Texas			Pridges State 9. Well No. 22						
					TT .	660 Saut	h -660	10. Field and Po	ol, or Wildcat
					UNIT LETTER 1	FEET FROM THE	LINE AND FEET FR	Vacuum •M	(U=024)
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THELINE, SECTION	TOWNSHIP	RANGENMP	//////////////////////////////////////						
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15. Elevation (Show whether DF, RT, GR, etc.) 4016 GR			12. County	MITHITA					
16.		<u> </u>	Lea						
Check Ap	propriate Box To Indicate	Nature of Notice, Report or C	ther Data						
NOTICE OF INT	ENTION TO:		NT REPORT OF:						
		332324821	TI REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		<u></u>					
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.		ING CASING					
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG A	ND ABANDONMENT					
		OTHER Temporarily	Abandonod	·					
OTHER			Roangoned	^					
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7 Described		<u>.</u>							
7. Describe Proposed or Completed Operawork) SEE RULE 1103.	ations (Clearly state all pertinent de	tails, and give pertinent dates, including	ng estimated date of s	tarting any proposed					
17. Describe Proposed or Completed Opera work) SEE RULE 1103.	ations (Clearly state all pertinent de	tails, and give pertinent dates, includir	ng estimated date of s	tarting any proposed					
7. Describe Proposed or Completed Opera work) SEE RULE 1103.	ations (Clearly state all pertinent de	tails, and give pertinent dates, including	ag estimated date of s	tarting any proposed					
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APPROYED

CONDITIONS OF APPROVAL, IF ANY: