NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	_		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1-65
FILE	_		
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. State Oil & Gas Lease No.
			Amminimi Marini
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 GAS WELL GAS	OTHER•		7. Unit Agreement Name
2. Name of Operator Harding Oil Company			8. Farm or Lease Name Shipp
3. Address of Operator			9. Well No.
408 Carillon To	10. Field and Pool, or Wildcat		
· =	1980 FEET FROM THE NOTE	h LINE AND 1980 FEET FROM	
	17S		
	15. Elevation (Show whether		12. County
	3754 GL		Lea
Check	Appropriate Box To Indicate ?	Nature of Notice, Report or Ot	ther Data
NOTICE OF	INTENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB X	
		OTHER	
OTHER	······································		
	Operations (Clearly state all pertinent des	tails, and give pertinent dates, including	g estimated date of starting any proposed
work) SEE RULE 1103.			
5-22-73 - Start	drilling 17" hole		
5-22-73 - Set 415' 13-3/8" pipe w/400 sx cement + 2% Cacl.,			
Circulate cement to surface. WOC 12 hrs.			
5-23-73 - Test casing to 1000 psi for 30 min. Test okay.			
5-30-73 - Set 4750' 8-5/8" pipe w/375 sx DLW + 300 sx 2% cacl.			
Estima	ite top cement 2473'	- WOC 12 hrs.	
Test c	asing to 1000 psi fo	r 30 min – test okay	🛵 🐪 ar en
6-26-73 - Drill	7-7/8" hole to 11,70	O' TD.	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
18. I nereby certify that the information	on above is true and complete to the best	or my knowledge and belief.	
10-6	P· ()		10.00.70
SIGNED 1050	TITLE_	Vice President	DATE 10-29-73
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CONDITIONS OF APPROVAL, IF ANY: