NO. OF COPIES RECEIVED				Form C	-103	
DISTRIBUTION					Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXI	NEW MEXICO OIL CONSERVATION COMMISSION			ve 1-1-65	
FILE						
U.S.G.S.				5a. Indicat	e Type of Lease	
LAND OFFICE				State	Fee X	
OPERATOR				5. State Oi	l & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO CRILL OR TO DEEPEN OR PLUS BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)						
I. OIL X GAS WELL	OTHER-			7, Unit Agi	eement Name	
2. Name of Operator					Lease Name	
Southland Royalty Company					Smith "5"	
3. Address of Operator					9. Well No.	
1100 Wall Towers West; Midland, Texas 79701					1	
4. Location of Well					10. Field and Pool, or Wildcat	
UNIT LETTER P	660 FEET FROM TH	East	LINE ANDFE	Undesign	nated(Wolfcamp)	
	5 TION TOWN					
mmmmmm	11111111111111111111111111111111111111	(Show t t	DF, RT, GR, etc.)	(111111	7777/1/////////////////////////////////	
	13. Elevation			12. County		
	7111111		.7' GR	Lea		
	k Appropriate Box To INTENTION TO:	o Indicate N	lature of Notice, Report			
NOTICE OF	INTENTION TO:		SUBSE	QUENT REPORT	OF:	
PERFORM REMEDIAL WORK	PLUG ANI	D ABANDON	REMEDIAL WORK	<u> </u>	ALTERING CASING	
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	===	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE !	PLANS	CASING TEST AND CEMENT JOB			
			other Set 11	374" Surface	csg X	
отнея						
17. Describe Proposed or Completed						
Spudded 17 1/2" hol Ran 10 jts of 11 3/	Le @ 1:00 AM 1-9- /4" 42#, H-40, ST ! 11:45 AM 1-9-81	81. Drl &C csg, . WOC 181	17 1/2" hole to 415 Set at 415'. Cmt w ars. Install BOP.	' and CCM to /450 sxs Cl " After 24 hou	run csg.	
-			LOI OF MINI NELCE	okey.		
				·		
•						
					•	
18. I hereby certify that the information	on above is true and comple	te to the best	if my knowledge and better			
	so.ro is true and compre	to to the best C	a my knowledge and better.			
SIGNED (lson	TITLE Dis	trict Operations Eng	gineer DATE_	1=15=81	
				5 Y	1001	
Jigaed h	· · · · · · · · · · · · · · · · · · ·			JA	N 29 1981	
APPROVED BY		TITLE		DATE		

CONDITIONS OF AFTERPYASHERMY: