NO. OF COPIES RECEIVED					orm C-103
DISTRIBUTION					upersedes Old -102 and C-103
SANTA FE	NEW MEXICO	O OIL CONSER	ATION COMMISSION	Ε	ffective 1-1-65
FILE				[6- t	adicate Type of Lease
U.S.G.S.	+			1	tate Fee X
LAND OFFICE					ate Oil & Gas Lease No.
OPERATOR				3. 5	ne on a cas goase no.
	LINDRY NOTICES AND REI	PORTS ON WE	I I S		
(DO NOT USE THIS FORM USE **AS	UNDRY NOTICES AND REF	PEN OR PLUG BACK -101) FOR SUCH PR	TO A DIFFERENT RESERVOIR. OPOSALS.)		
l.				7. Ur	it Agreement Name
WELL A WELL	OTHER-			0.5	To an Lorent Mana
2. Name of Operator				18.70	ırm or Lease Name
Southland 3. Address of Operator	Royalty Company			Sci	harb "8"
•	m		70701	,	
4. Location of Well	Towers West Midla	and, Texas	_/9/01	10. F	ield and Pool, or Wildcat
UNIT LETTER A	. 660 FEET FROM THE	North	LINE AND	EET FROM TIN	designated Wolfgamp
				11	
THE <u>East</u> LINE	, SECTION 8 TOWNSH	19 – S	RANGE 35-E	имрм.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or the br	DT CD		777777777777
XIIIIIIIII	15. Elevation (S	Show whether DF,	RI, GR, etc.)	12. 0	County
			4.9' GR	Le	3 (////////
	heck Appropriate Box To	Indicate Natu	•		
NOTICE	OF INTENTION TO:		20825	EQUENT REF	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND A	ABANDON THE	MEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON			MMENCE DRILLING OPNS.	\sqcap	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PL	ANS CA	SING TEST AND CEMENT JOB		
			otherSet 5 1/2" p	roduction	csa 🐰
OTHER			, -		
17 Describe Proposed or Compl	eted Operations (Clearly state all	pertinent details.	and give pertinent dates.	including estima	ted date of starting any proposed
work) SEE RULE 1103.	ered operations (oreally oracle are	,	g p		
. 5-14 7 7/6	0	COM to mun	logo Den Our /D	DG /G= G=1	inou DIT /DVO
	8" hole to 10,800'.				
	$1.5 \ 1/2$ " csg. Ran 250	_			
	B00'. Cmt w/160 sxs l y Temp Survey. List			PD 2 7:00	AM 4/30/81. TOC
6 0020 5	remp sarvey. Hisc	OI CSG as	10110W3.		
Top:	3051' 5 1/2" 17	7# N-80 LT&	С		
	3144' 5 1/2" 17				
	1295' 5 1/2" 15				
	1250' 5 1/2" 17				
Botto	om: <u>2060'</u> 5 1/2" 17	7# N-80 LT&	C		
Total	1 10,800'				
	,				•
18. I hereby certify that the info	rmation above is true and complete	e to the best of m	knowledge and belief.		
)		-		
(() +	arons	TITLE Dietri	ct Operations En	gineer -	ATE _ 5/7/8]
5 IGNED		.,	September 1911		
Orle. S	igned Bj				N/A
Town S		**** =		ń	ATE STATE

CONDITIONS OF APPRDIMULAPUNY