| NO. OF COPIES RECEIVE | <u> </u> | | | | | Form C-10 Supersede | |
|---------------------------|--|----------------------|------------------------------|---|---|------------------------|--------------------|
| DISTRIBUTION | | | | | | C-102 and | |
| SANTA FE | | NEW ME | CICO OIL CONSE | RVATION CO | MMISSION | Effective | 1-1-65 |
| FILE | - | | | | | 5a. Indicate 7 | Type of Lease |
| U.S.G.S. | - - - | | | | | State 3 | |
| OPERATOR | | | | | | | Gas Lease No. |
| OFERATOR | | | | | | | L-575 |
| (DO NOT USE THE | SUNDRY N S FORM FOR PROPOSA USE "APPLICATION P | OTICES AND | REPORTS ON DEEPEN OR PLUG BA | WELLS CK TO A DIFFERE PROPOSALS.) | NT RESERVOIR. | | |
| | GAS WELL | OTHER- | | | | 7. Unit Agree | ement Name |
| 2. Name of Operator | | evipot v aa | **** | | | 8. Farm or Le | A secondary |
| 3. Address of Operator | BRVICE & | | | | ······································ | 9. Well No. | |
| BOX 100, | ARTESIA, | NEW MEXIC | 0 | <u></u> | | 10. Field and | 4 Pool, or Wildcat |
| UNIT LETTER | . 221 | DFEET FROM | THE South | L'INE AND | 2310 FEET FROM | HALFWA | Y-YATES |
| THE Rast | LINE, SECTION | 16 _{To} | wnship 20 8. | A RANGE | 32 B nmpm. | | |
| | | | | | | [[[[[[] | |
| | | 15. Elevati | on (Show whether I | OF, RT, GR, etc | ·.) | 12. County | |
| 16. | Check App | ropriate Box | To Indicate Na | ature of Not | ice, Report or Ot | | |
| NC | TICE OF INTE | NTION TO: | | | SUBSEQUEN. | r REPORT (| OF: |
| PERFORM REMEDIAL WORK | · 🔲 | PLUG . | AND ABANDON | REMEDIAL WORK | · | Αι | TERING CASING |
| TEMPORARILY ABANDON | | | | COMMENCE DRI | LING OPNS. | PL | UG AND ABANDONMENT |
| PULL OR ALTER CASING | | CHANG | E PLANS | CASING TEST AN | ID CEMENT JOB | | |
| | | | | OTHER | | | |
| OTHER | | ···- | [| | | | |
| Phillips to file s | Petroleum | Co. on the change of | his lease wnership l | and we | received an are attempti Phillips Pet | ing to g | et them |
| 18. I hereby certify that | | Orio, Signal | TITLE <u>A</u> | gent | 2 | DATE | 10-30-74 |
| APPROVED BY | | Joe 12 | | | | DATE | |
| | OVAL, IF ANY: | 1 Jist. 2 | • | | | | |