. Ur . UPIES RECEIVED	1	Y		Form C-103
DISTRIBUTION				Supersedes Old
SANTA FE		NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FiLE				2113311173 1-1-03
U.S.G.S.				Sa. Indicate Type of Lease
LAND OFFICE				State Fee
OPERATOR				5. State Oil & Gas Lease No.
				
SUNDRY NOTICES AND REPORTS ON WELLS				ammininini -
(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.)				
				7. Unit Agreement Name
OIL GAS WELL	L OTHER-			
. Name of Operator				8. Farm or Lease Name
Trio Oil Company				Persons
. Address of Operator				9. Well No.
/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240				
, Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER J 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM				Euront
UNIT LETTER		EET FROM THE	LINE AND FEET F	ROM ROM
The set	07	1A C	76 E	
THE ERST	LINE, SECTION	township 19 S	RANGE NO	MPM. (
mmmm	· viiiiiiiii	15. Elevation (Show whether	DE PT CP	
		NA	Dr, KI, GR, etc.)	12. County
	Check Appropria	te Box To Indicate N	lature of Notice, Report or	Other Data
NOTIC	CE OF INTENTION	1 TO:		ENT 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	
			OTHER	
OTHER Instal	L vent pipe			L L
work) SEE RULE 1103.	impleted Operations (Ci	early state all pertinent deta	ills, and give pertinent dates, includ	ding estimated date of starting any proposed
			round top of 5 1/2" ca	
		" surface pipe, i	nstall 1" vent pipe w	i th
	valve.			
		a.		
. I hereby certify that the in				
	nformation above is true	and complete to the best of	f my knowledge and belief	
1	nformation above is true	e and complete to the best o	f my knowledge and belief.	
Ma	nformation above is true	e and complete to the best o		5/10/76
ined Masse	information above is true	e and complete to the best o	f my knowledge and belief. Agent	5/10/ 7 6
ENED MED MED ASSESSION OF THE SERVICE OF THE SERVIC	Signed by			
SNED MORALE	Melles			DATE
PROVED BY	Signed by			

For record only

RECEIVED

8791 IL YAM UIL CONSERVATION COMM.