			Form C-103
NO. OF COPIES RECEIVED			Supersedes Old C-102 and C-103
DISTRIBUTION	MENICO OIL CONSEI	DVATION COMMISSION	Effective 1-1-65
SANTA FE	NEW MEXICO OIL CONSE	A TION COMMINGS	
FILE			5a. Indicate Type of Lease
U.S.G.S.	im 3!	11 45 AM °69	State Fee
LAND OFFICE	JUL 3 1	11 10	5. State Oil & Gas Lease No.
OPERATOR			
	TIONS IND DEPOSITS ON W	/ELLS	
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.)			7. Unit Agreement Name
l. GAS	other- Injection		
WELL WELL WELL	THE THE STATE OF T		8. Farm or Lease Name
2. Name of Operator			East Eumont Unit
3. Address of Operator			g. Well No.
3. Address of Operator	he West Mexico 88240		83
P. O. Box 249, Hobi	US NEW PROMACO		10. Field and Pool, or Wildcat
4. Locution of Well		LINE AND FEET 5	Busnont Queen
UNIT LETTERC,	660 FEET FROM THE North	LINE AND	
THE WEST LINE, SECTION	ah 198		MPM. (())
THE STATE			12. County
	15. Elevation (Show whether i	gr, K1, GR, etc.)	Ica ()
Check	Appropriate Box To Indicate N	ature of Notice, Report of SUBSEQU	Other Data ENT REPORT OF:
NOTICE OF III			<u></u>
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
			PLUG AND ABANDONMENT
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPNS.	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	
[]	CHANGE PLANS	· · · · · · · · · · · · · · · · · · ·	Put in oper.
TEMPORARILY ABANDON DILL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
TEMPORARILY ABANDON PULL OR ALTER CASING		CASING TEST AND CEMENT JOB OTHER	
OTHER 17. Describe Proposed or Completed Owork) SEE RULE 1103.		otherails, and give pertinent dates, inc	Put in oper.
TEMPORARILY ABANDON PULL OR ALTER CASING OTHER 17. Describe Proposed or Completed O work) SEE RULE 1103. Star ORIGINAL S C. L	perations (Clearly state all pertinent det rted Injecting Water 7-2 ion above is true and complete to the bes SIGNED BY:	otherails, and give pertinent dates, inc.	Put in oper.
OTHER 17. Describe Proposed or Completed Owork) SEE RULE 1103. Sta 18. I hereby certify that the informat: ORIGINAL S C. L	perations (Clearly state all pertinent det rted Injecting Water 7-2 ion above is true and complete to the bes SIGNED BY: . Wade	other ails, and give pertinent dates, inc. 2-69.	Put in oper. Juding estimated date of starting any propose
OTHER 17. Describe Proposed or Completed Owork) SEE RULE 1103. Sta 18. I hereby certify that the informat: ORIGINAL S C. L	perations (Clearly state all pertinent det rted Injecting Water 7-2 ion above is true and complete to the bes SIGNED BY:	other ails, and give pertinent dates, inc. 2-69.	Put in oper.