

HOBBS OFFICE O.C.C.

APR 28 For Cappa AM Supersedes of C-102 and C-103 Effective 1-1-55
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NO. OF COPIES RECEIVED			Supersedes Off
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSE	ERVATION COMMISSION	Effective 1-1-65
FILE		The second second	5a. Indicate Type of Lease
U.S.G.S.		ė .	
LAND OFFICE		in the second se	
OPERATOR			5. State Oil & Gas Lease No.
			- mmmmmm
SUNI	DRY NOTICES AND REPORTS ON	WELLS	
(DO NOT USE THIS FORM FOR USE "APPLIC	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACATION FOR PERMIT —** (FORM C-101) FOR SUCI	H PROPOSALS.)	
1.			7. Unit Agreement Name
WELL WELL	OTHER-		8, Farm or Lease Name
2. Name of Operator	$\bigcap$ $A$		
Han (murican	Letroleun Corp.		BYERSH
3. Address of Operator		00040	9. Well No.
Bey 68. 2408-	bo. New merico	88240	10, Field and Pool, or Wildcat
4. Location of Well	0.00		
UNIT LETTER	660   PEET FROM THE NORTH	LINE AND 1980 FEET FROM	HOBBS USI
		c 20 5	
THE WEST LINE, SE	CTION 3 TOWNSHIP	S range 38-E nmpm	
	·	Dr. Dr. OD	12, County
	15. Elevation (Show whether	Dr. KI, GK, etc.)	
	3614.6	K. D. D. (OF)	LEA MINIM
16. Chec	k Appropriate Box To Indicate N	ature of Notice, Report or Or	ther Data
	INTENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUS AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	
<del></del> -		OTHER	
OTHER			
	d Operations (Clearly state all pertinent dete	alla and sive portinent dates includin	a estimated date of starting any proposed
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent desc	sus, and give pertinent dates, increasing	
Dry Day 1 st	and to shut	of water a	nd restore
	ort to shut a ction the fo	De angera a 1151	sb. was
to produ	clion, the fo	eccurry so	
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0C. 4-12-66.	Comy. 4-26-66.		
18. I hereby certify that the informs	ation above is true and complete to the best	of my knowledge and belief.	
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	e > /	weak up	_ DATE 4- 76-66
STENED	TITLE _		
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CONDITIONS OF APPROVAL, IF	TITLE		
CONDITIONS OF APPROVAL, IF	ANY:		