	H1				
NO. OF COPIES RECEIVED		7.00₹ 0. <b>c. c.</b>	Form C-103		
DISTRIBUTION	•		Supersedes		
SANTA FE	NEW MEXICO OIL CON	SERVARION COMMISSION	C-102 and ( Effective 1-		
FILE		ozit ( / mzro ( gyp mini os ) o ( t	Effective !-	1-03	
U.S.G.S.			5a. Indicate Ty	pe of Lease	
LAND OFFICE			State 🔀	Fee	
OPERATOR			5. State Oil & C	5. State Oil & Gas Lease No.	
CI II D D I I I I			- 1	256	
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.)					
	HER.		7. Unit Agreeme	ent Name	
2. Norther of Operator  - an imerican Petroleum Corp.			8. Farm or Leas	0.0	
o, named of operator			9, Well No.		
April 68 Hobbs, 77 88240			10. Field and P	eool or Wildest	
UNIT LETTER,FEET FROM THELINE ANDFEET FRO				(GSA)	
THELINE, SECTION	A TOWNSHIP 19-	S RANGE 38-E			
	15. Elevation (Show whether				
	<u> </u>	)9.7 G l	12. County		
16. Check Appro		Nature of Notice, Report of			
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JQB  OTHER	i	RING CASING	
17. Describe Proposed or Completed Operations	(Classic state all and a state of the				
man effort to performed as far 42/4' W/5 3/8" bit Cemented W/855x 4202-09 W/2JSPF. W/2JSPF. Quadall retainer set at 3 Performented 4/75-80 Softeesed below and restored to Another to Another workener. Work over - renseed TD 4220' 4/r" liner @ 39/4-4265/8" CSA 3998.	reduce a de llows: Clus. Det 4/2" Ole De la 1/2" Ole WOC WOC WOC WOC WOC WOC WO ST WOOD ST DE LE LO LE	righ GOR, rem ple out and liner from 3 laid. Desprated aluated. Sque cor. WOC. shull SPF. Quadred W/SO 1 4130' W/60 Dep. Cadized W/450 (XOBW. GOR 578	depended we delpended 4212: Per de 4160-67, de ent forded de ent forded de ent forded de ent enter de	orfe was, from 4197 ond for ated 4176-80' CI 4212. Justed . Leded alled alled	
18. I hereby certify that the information above is	s true and complete to the best of	of my knowledge and belief.	<del> </del>		
Original Signence V. F. STATE	ned by:	rea Supr	. DATE /-	6-66	

CONDITIONS OF APPROVAL, IF ANY:

OF B. MMOCC