NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	MENTED OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		
		State Fee
OPERATOR		5. State Oil & Gas Lease No.
		A-1212
SUNDR	Y NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	POSALS TO DEILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 10N FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.1	
1.		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER.	The state of the s
2. Name of Contator		
Ameco Production (Dompany	8. Farm or Lease Name
3. Address of Operator		130. Nobas (GSA)
BOX 367, ANDREWS	TEXAS 79714	9. Well No.
	, 1277.10	1 4 9
4. Location of Well		10. Field and Pool, or Wildcat
NAT LETTER 7	50 FEET FROM THE DORTHLINE AND 660 FEET	22160-650
ONTI DETTER,,	FEET FROM THE FEET	FROM
1.100-	10 6 30 6	
THE LINE, SECTION	ON 15 TOWNSHIP 19-5 RANGE 38.E. N	VMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		1/24
Check	Appropriate Box To Indicate Nature of Notice, Report or	
NOTICE OF IN	SUBSEQU	JENT REPORT OF:
		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER (4) 5.7	1 STATUS DI
OTHER		
17. Describe Proposed or Completed Op	erations (Clearly state all pertinent details, and give pertinent dates, incli	uding estimated date of starting any proposed
work) SEE RULE 1103.		
1:1011 6	· Chlinteria	
WELL STATUS	. Shot-orc	117 / 21
D.A. CTOSTA	· an INOW	es 10-1-76
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DATE BOLLEN	Dun : >	
-1- E Y/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PKA: December 1975	
18 I harshy confer than A 1 1 1		
10.1 nereby certify that/the information	above is true and complete to the best of my knowledge and belief.	# P. S. 1 th
		SEP 30 1975
SIGNED MINISTER	1 oakum II.E ADMINISTRATIVE ASSISTANT	Jul 00 to
	7	DATE
- // Orbit 1/4		0.
$V = \mathcal{M}_{\mathcal{F}}$		C.C.
PPROVED BY	TITLE	-DATE
CONDITIONS OF APPROVAL, IF ANY:	·	