NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION SANTA FE	NEW MEXICO OF COM	SERVATION CHARASIERFICE O.	
FILE		SERVATION COMMISSION	● ● Effective 1-1-65
U.S.G.S.	3-11/QCC	Nev is 3 as PH	Indicate Type of Lease
LAND OFFICE	1-47.179	me in 2 43 Li	State Fee X
OPERATOR			5. State O:1 & Gas Lease No.
<u> </u>			of the one of day heave No.
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.)			
OIL GAS WELL TAX	OTHER-		7. Unit Agreement Name
2. Name of Operator  Tidentates Cill Company			8. Farm or Lease Name
			Past Busont Unit
P. C. Box 249, Hobbs, New Maxico 86240			9, Well No. <b>12</b> 6
4. Location of Well  UNIT LETTER	330 FEET FROM THE North	LINE AND 660 FEET FROM	10. Field and Pool, or Wildcat
		PLET FROM	
THE <b>FAST</b> LINE, SE	ction 11 township 20S	RANGE 37E NMPM.	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County Lea
Chec	k Appropriate Box To Indicate N INTENTION TO:		her Data FREPORT OF:
PERFORM REMEDIAL WORK  TEMHORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
TODA ON ACTOM CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB OTHER	
			<b>LL</b>
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent deta	ails, and give pertinent dates, including	estimated date of starting any proposed
	Well shut in pending	development of weterflo	od.
		e at	
		The state of the s	

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By

SIGNED TITLE Area Supt.

DATE

DATE

CONDITIONS OF APPROVAL, IF ANY;