NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	$\mathrm{d} \mathfrak{s}^{\mathrm{c}}$, \mathbb{S} , \mathbb{S} , \mathbb{S} , \mathfrak{G} , \mathfrak{G} , \mathfrak{G} ,	Supersedes Old C-102 and C-103
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	APR 27 3 25 PH '67	
U.S.G.S.	NIN LI O GO THE M	5a. Indicate Type of Lease
		State 5. State Oil & Gas Lease No.
OPERATOR		5. State OII & Gas Lease No.
	NOTICES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. FOR PERMIT	
USE **APPLICATION	FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
I. GAS		
WELL WELL	OTHER-	8. Farm or Lease Name
2. Name of Operator		W. T. McCormack
Galf Oil Corporation		9. Well No.
3. Address of Operator	~	8
Box 670, Hobbs, New Mexi	CO	10. Field and Pool, or Wildcat
4. Location of Well	Ro Nowth 660	Penrose Skelly
UNIT LETTER	80 FEET FROM THE NOTTO LINE AND 660 FEET F	
	32 TOWNSHIP 21-8 RANGE 37-8 NM	
THE LINE, SECTION	SE TOWNSHIPRANGEN	л ^{ан.} (////////////////////////////////////
mmmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
\mathcal{L}	3458' DF	Lea
<u>VIIIIIIIIIIIIIIII</u>		Other Data
	propriate Box To Indicate Nature of Notice, Report or	ENT REPORT OF:
NOTICE OF INT	ENTION TO: SUBSEQU	
·		ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING		
	OTHER	
OTHER	CI Report	
		1: simpled data of starting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Well still carried as closed in. No plans have been made at this time for further work on this well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
ORIGINAL SIGNED BY	TITLE Area Production Manager	DATE April 27, 1967	
signed			
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			

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