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DISTRIBUTION		Form C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Supersedes Old C. C-102 and C-103
FILE	- MER MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	JAN 25 11 45 AFF8667 9 47 AN '6	C
LAND OFFICE		
OPERATOR	-	State Fee X
		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PUSE "APPLICA	RY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT	
OIL GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		
Harper Oil Comp	anv	8. Farm or Lease Name
3. Address of Operator	~~~ <b>v</b>	S. J. Sarkeys
904 Hightower E	uilding, Oklahoma City, Oklahoma 73102	9. Well No. <b>2</b>
4. Location of well		10. Field and Pool, or Wildcat
UNIT LETTER	990 FEET FROM THE EAST LINE AND 1650 FEET FROM	
THE <b>North</b> LINE, SECT	TOWNSHIP <b>21S</b> RANGE <b>37E</b> NMPM.	
	3377.9 Ground Level	12. County
L6. Check	Appropriate Box To L Line N	Lea
NOTICE OF I	Appropriate Box To Indicate Nature of Notice, Report or Oth	ner Data
	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
OTHER	CHANGE PLANS CASING TEST AND CEMENT JOB	
7. Describe Pronosed or Completed O		
I DESUIDE PRODORED OF Completed OF		

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well was spudded at 11 p.m. on 1-17-66.

Drilled 12 1/4" hole to 1350' and set 9 5/8", 32.30#, new H-40 casing at 1349' and cemented with 500 sacks of regular cement. Ciruclated back 115 sacks of cement. Job completed at 1:30 a.m. on 1-20-66. Pressured casing to 1000 psi on 1-20-66 and held pressure with no decline for 30 minutes. Casing was tested with rig pump using brine water.

Waited on cement for 142 hrs. prior to commencing pressure test on casing.

18. I nereby certify that the information above is true and complete	e to the best of my knowledge and belief	
SIGNED Marshall L. Barley		DATE January 24, 1966
APPROVED CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE