NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		· · ·
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR	MAY 1 1070	5. State OI & Gas Lease No.
· · · · · · · · · · · · · · · · · · ·	MAY 1, 1970, STANDARD OIL	
DO NOT USE THIS FORM FOR PROFUSE TAPPLICATION	Y NOTICES AND REPORTED AND AND AND AND AND AND AND AND AND AN	
	UL COMPANY.	7. Unit Agreement Name
WELL WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
3. Address of Operator Company of	f Texas - A Division of Chevron Oil Company	
3. Address of Operator		9. We <b>blere</b> dith
- 3610 Avenue S Snyde	P. Poyos	
4,-Location of Well	.)	10. Figld and Pool, or Wildcat
UNIT LETTER	80 FEET FROM THE BOILT LINE AND AGA- FE	ET FROM
	South Line and 660	
THE LINE, SECTION	TOWNSHIP RANGE	_ NMPM. AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	19 215 RANGE	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Check A	ppropriate Box To Indicate Nature of Notice, Report	or Other Date
NOTICE OF INT		QUENT REPORT OF:
		CENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	FLUG AND ABANDONMENT
	OTHER	
OTHER	Supplementa:	ry Well History
17 Departies Departed on Contraction		

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 1105.

Filling in of cellar around wellhead. Excavation made to top of surface casing, found to be shut off with steel hanging-plate under top collar - no valves. Intermediate string had bleed-off line extended to surface. Installation was inspected prior to filling cellar, on 9-12-66 by Hobbs District NHOCC representative, Mr. L. Clements.

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

signed <u>GMM Cauls</u>	TITLE		······································	
APPROVED BY Seslie M. Concents	TITLE		· · · ·	DATE
CONDITIONS OF APPROVAL, IF ANY:	-	. <u>∡</u> _	ه مرجعاً ا	