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NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW /	MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee 3
OPERATOR		·	5, State Oil 6 Gas Lease No.
			
(DO NOT USE THIS FO	SUNDRY MOTICES AN	D REPORTS ON WELLS	
I. OIL GAS WELL WELL	L OTHER-	,	7, Unit Agreement Nume
2. Name of Operator			8. Farm or Lease Name
C. IE. Lo	ስት ሆል		Lautor
3. Address of Operator			9. Well No.
·	7 700		
4. Location of Well	lend. James 797	<u>V.</u>	10, Field and Pool, or Wildcat
•• •• •• •• •• •• •• •• •• •• •• •• ••	A 80 W A	4040	10, 1 feld and Poor, or windedt
UNIT LETTER	1880 FEET FR	OM THE POPUL LINE AND 1980 FE	ET FROM
тне <u>Вая</u> с	INE, SECTION 31	TOWNSHIP 21-S RANGE 36-F	_ NMPM.
	///////////////////////////////////////	catton (Show whether DF, RT, GR, etc.)	12. County
	11111111111 363	5° ground	Les
16.	Check Appropriate Bo	x To Indicate Nature of Notice, Report	or Other Data
	CE OF INTENTION TO:		
NOTIC	CE OF INTENTION TO.	SUBSE	QUENT REPORT OF:
<u></u>	1	r-1 /	——— . ————————————————————————————————
PERFORM REMEDIAL WORK		UG AND ABANDON . REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	_]	ANGE PLANS CASING TEST AND CEMENT JOB	
		OTHER Etatus of :	ce-entry work X
OTHER			
 Describe Proposed or Commonk) SEE RULE 1103. 	impleted Operations (Clearly si	tate all pertinent details, and give pertinent dates, in	icluding estimated date of starting any proposed
		s the care as set out in Continue and finish this re-	
	Stret 9 months		
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	<i>y</i> ,	10-1-171	
	6.41	pires 10-1-76	
	Co 49	pires 10-1-76	
10 I basely consider that the !-	, ,		
18. I hereby certify that the in	, ,	omplete to the best of my knowledge and belief.	
18. I hereby certify that the ir	, ,	omplete to the best of my knowledge and belief.	1 /20 /04
18. I hereby certify that the it	, ,		. _{DATE} 1/30/76
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IS. I hereby certify that the it	, ,	omplete to the best of my knowledge and belief.	1/30/76

CONDITIONS OF APPROVAL, IF MYE, SOPE