

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Received by _____ (Place) _____ (Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the _____

Pacific Western Oil Corporation (Hartley & Co. Inc.) Well No. _____ in _____ (Unit)
(Company or Operator)
1/4 of Sec. 20, T. 40N, R. 30E, NMPM, _____ Pool
(40-acre Subdivision)
_____ County.

FULL DETAILS OF PROPOSED PLAN OF WORK
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

We wish to cancel the Form C-101, Notice of Intention to Drill, for the Pacific Section D. C. Hartley & Co. Inc. dated 4-24-50. This intention will be considered void since there are obstructions that prohibit drilling the well at the prescribed location. A new C-101 will be filed for the Hartley & Co. to be drilled at a location 760' FSL and 760' FSL in Section 20 T40N R30E.

Approved _____, 19____
Except as follows:

Approved _____
OIL CONSERVATION COMMISSION

By _____

Title _____

Company or Operator

By _____

Position _____

Send Communications regarding well to:

Name _____

Address _____