OF UPIES RECEIVED	1		Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEWXICO OI	L CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			211001140 1-1-05
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State
OPERATOR			5. State Oil & Gas Lease No.
			NA
(DO NOT USE THIS FORM F USE "API	UNDRY NOTICES AND REPOR	TS ON WELLS IR PLUG BACK TO A DIFFERENT RESERVOIR.	
I. OIL GAS WELL X	) OTHER- ,	,	7. Unit Agreement Name N <b>A</b>
2. Name of Op <b>erator</b>	8. Farm or Lease Name Ander son		
3. Address of Operator	Box 871, Lubbock, Th	79408	9. Well No.
4. Location of Well	Don off, Dabbook, IA	1/100	10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE	outh Line and 660	Tubb Gas
THE East LINE,	SECTION 21 TOWNSHIP	21-S RANGE 37-E	. ммрм. () () () () () () () () () () () () ()
		whether DF, RT, GR, etc.) 3440 DF (datum)	12. County
			Lea
	OF INTENTION TO:	cate Nature of Notice, Report of SUBSEQ	Dr Other Data
PERFORM REMEDIAL WORK	PLUG AND ABAND		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	
PULI OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONNENT
		OTHER	
OTHER		🔲 🛛 🔤 🔤	
17. Describe Proposed or Complete work) SEE RULE 1103,	ed Operations (Clearly state all pertin	ent details, and give pertinent dates, inc	luding estimated date of starting any proposed
Tubb Gas zone This report co Killed well wi eliminate Drin at 5990'. Hal 50 gal Protex- with 25 - 7/8" well intermitt	perfs 6087-6190' (241) wers operations April th treated 1 percent K kard zone). Set Baker liburton treated Tubb p All and 159,000 SCF nit RCN balls per stage. ently to recover liquic	Cl water. Set Baker mode model R double grip pack	dated March 16, 1977). el N CIBP at 6480',(to ker on 2-3/8" EUE tubing retarded acid containing at into 9 equal stages .g. ISDP zero. Swabbed to El Paso August 20.
8. I hereby certify that the informa IGNED A Morin	tion above is true and complete to the - L. O. Storm TITLE	best of my knowledge and belief. Engineer	DATE NOV. 18, 1977
	in the by		
	lin, Hunyan		
PPROVED BY	Geologist. TITLE		DATE
ONDITIONS OF APPROVAL, IF A	NY:		

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