NO. OF COPIES RECEIVED]			Form C-103		
DISTRIBUTION				Supersedes O		
SANTA FE	NEW MEXICO OIL CONSI	ERVATION COMMISSIC	N	C-102 and C- Effective 1-1-		
FILE						
U.S.G.S.	Nr	w 15 8 17 AM'	65	5a. Indicate Type	e of Lease	
LAND OFFICE			UJ	State 🔳	Fee	
OPERATOR	1			5, State Oil & Go	as Lease No.	
	د ا			K-406 7	7	
SUNDF (DO NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPORTS ON posals to drill or to deepen or plug b tion for permit -" (form C-101) for suci	WELLS ACK TO A DIFFERENT RESER	VCIR.			
				7. Unit Agreemer	nt Name	
OIL GAS WELL WELL	OTHER.					
2. Name of Operator					8, Farm or Lease Name	
The British-American Oil Producing Company					New Mexico St. "F"	
3. Address of Operator					9. Well No.	
P. O. Box 474 Midland, Texas					1	
4. Location of Well					10, Field and Pool, or Wildcat	
UNIT LETTER 660 FEET FROM THE WEST LINE AND FEET FROM				Osudo (Wolfcamp)		
		/		<u>UIIIIII</u>	<u>UUUUUUUU</u>	
THE north LINE, SECT	10N 4 TOWNSHIP 21-S	RANGE35-	<u>е</u> NMPM.			
i5. Elevation (Show whether DF, RT, GR, etc.) KB 3638				12. County		
Check	Appropriate Box To Indicate N	ature of Notice, Re	eport or Otl	ier Data		
	NTENTION TO:		-	REPORT OF	:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTER	RING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPN	s.	PLUG	AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT	г.ов		<u> </u>	
		OTHER				
OTHER						

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 1103.

1. Spot 25 sx. cement plug in 5-1/2" casing at 10,200".

- 2. Cut off 5-1/2" casing at 7000' and pull. Spot 25 sx. cement plug at 7000'.
- 3. Spot 25 sx. cement plug in bottom of 9-5/8" intermediate casing at 5300*.
- 4. Spot 10 sx. cement in top of 9-5/8" intermediate casing.
- 5. Install 4" x 5' marker to locate the exact well location. This marker to have all necessary information as to name, number and location of well.
- 6. Clean up location.

18. I hereby certify that the information above is true and	complete to the best of my knowledge and belief.	
SIGNED OOFLOYK	TITLE District Clerk	DATE November 11, 1965
APPROVED BY	TITLE	CATE
CONDITIONS OF APPROVAL, IF ANY:		