NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes	Supersedes Old	
SANTAFE	FE NEW MEXICO OIL CONSERVATION COMMISSION		TION COMMISSION	C-102 and C-103 Effective 1-1-65		
FILE				2001176 [-]	1-03	
U.S.G.S.				5a. Indicate Tyr	oe of Lease	
LAND OFFICE				State	Fee XX	
OPERATOR				5, State Oil & G		
SUNE	ORY NOTICES AND R	EPORTS ON WELL	ς	THINK TO	mmm	
SUND CO NOT USE THIS FORM FOR F USE "APPLIC	PROPOSALS TO DRILL OR TO D ATION FOR PERMIT _ ' (FORM	EEPEN OR PLUG BACK TO C-101) FOR SUCH PROP	A DIFFERENT RESERVOIR. OSALS.)			
				7. Unit Agreeme	ent Name	
WELL WELL	OTHER-					
2. Name of Operator				8. Farm or Leas	e Name	
Millard Deck				S_ndy		
3. Address of Operator				9. Well No.		
P. O. Box 1047	Eunice,	New Mexico 8	3231	2		
4. Location of Well				10. Field and Pa	ool, or Wildcat	
UNIT LETTER P	990 FEET FROM TH	South	790 FEET F	Penro	se - Skelly	
				7777777 W.	rimmn	
THE East LINE, SECTION	TION TOWN	Sulp 21S	36E			
	1000	3HIP	RANGE NM	PM. ()		
	15. Elevation	(Show whether DF, R7	, GR, etc.)	12. County	/////////////////////////////////////	
		GL - 3526'		Lea		
16. Chaola						
NOTICE	Appropriate Box 10	Indicate Nature	of Notice, Report or	Other Data		
NOTICE OF	INTENTION TO:		SUBSEQUE	TO TRCGER THE		
PERFORM REMEDIAL WORK	PLUG AND	ABANDON REME	DIAL WORK	ALTER	RING CASING	
TEMPORARILY ABANDON		сомм	ENCE DRILLING OPNS.	PLUG :	AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE F	PLANS CASIN	G TEST AND CEMENT JOB			
		1	HER		_	
OTHER						
17. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state a	ll pertinent details, and	d give pertinent dates, includ	ing estimated date of	starting any proposed	
•						
1. Drilled to TD 3930	" with 7 7/8" b	lt.				
2. Ran 114 jts 3920°	54" 15,50# .T=55	casing. Sat	at 30281			
cemented using 180	32 13:309 0-33 Lake Dovoll 14:1	tradebt come	at 3720 .			
150 ake of several	are nowerr right	it weight ceme	nt and			
150 sks of expandi	ng cement. Plus	GOWN AT /:13	PM 2-6-72.			
SI WOC.						
3. After 24 hours pre	ssure tested cas	ing to 2000#	for 30 minutes wi	thout loss of	pressure.	
					_	
4. Released rig.						
8. I hereby certify that the information	n shove is touch and and a	o to the base of	and a second			
.o. I hereby certify that the information	n above is true and complet	e to the best of my kno	owledge and belief.			
			_			
IGNED 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	TITLE Owner-	perator	3-1	6-72	
						
	Orig. Signed by			# PS F	2 6 4070	
PPROVED BY	Joe D. Ramey	TITLE		APF	3 1972	
CONDITIONS OF APPROVAL, IF ANY	· · · · · · · · · · · · · · · · · · ·					
•	- · · ·					