NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE		Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR		5. State Oil & Gas Lease No.
SUNDF	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT ~" (FORM C-101) FOR SUCH PROPOSALS.)	
USE "APPLICAT	TON FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL WELL	OTHER Water Swiection	7. Unit Agreemer Name
2. Name of Operator	OTHER-WOULD FYJECTOR	South tance
Continenta	l Mil Ca.	8. Farm or Lease Hame
3. Address of Operator	<u> </u>	9. Well No
Box 460	Habbs nmer	3. Well 140.5
4. Location of Well	11000) 11.1.00	10. Field and Pool, or Wildeat S
UNIT LETTER G	980 FEET FROM THE East LINE AND 1980 FEET	
	FEET FROM THE LINE AND FEET	noteince / Kus Palen
THE MONTH LINE, SECTION	ON 33 TOWNSHIP 225 RANGE 36E N	
Line, Section	NAME OF THE PROPERTY OF THE PR	MPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3482'92	Lea AllIllilli
Check A	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF IN		ENT REPORT OF:
		KE, 5K1 67.
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER CONVEY	t to eny
OTHER		
17. Describe Proposed or Completed On	erations (Clearly state all pertinent details, and give pertinent dates, inclu	
work) SEE RULE 1103.		aing estimated date of starting any proposed
0 00 1 0 00	ina cariomant Tram	well Rontensia
Pulled produce	ing equipment of the second	The state of the s
		vell. Kontension and set@3565.
beker on 2 1	3 cement	0 00 /2 000.
	•	
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
Kuth	A C	14 11 -
IGNED / JOHN / Kul	TITLE donun, Superver	DATE 10-4-72
	Orig. Signed by	~ AT 4 ^ 4070
PPROVED BY	Joe D. Ramey	$_{-}$ DATE $_{-}$ 0C1 1() 19/2
CONDITIONS OF APPROVAL, IF ANY:	Dist. I, Supv.	
umocody)		•
	(Funice Unit (22) Fi	