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NO. OF COPIES RECEI	VEO		n.			Form C-103	
DISTRIBUTION		_				Supersedes C+102 and C	
SANTA FE		NEW	MEXICO OIL CO	DISERVATION CON	MISSION	Effective 1-	
FILE		_					
U.S.G.S.		_				Sa. Indicate Typ	
LAND OFFICE						State	F•• [Y]
OPERATOR		_				5. State Oil & C	ias Lease No.
(DO NOT USE T	SUNDE	RY NOTICES AND OPOSALS TO DRILL OF THE PERMIT -"	ND REPORTS	ON WELLS US BACK TO A DIFFEREN SUCH PROPOSALS.)	T RESERVOIR.		
1.	GAS	OTHER.				7. Unit Agreeme	ent Name
2. Name of Operator						8. Form or Leas	se Name
	ess Corpor	ration			<u>.</u>	H. Corri	gan
3. Address of Operator		•				9. Well No.	
Drawer "D	", Monume	ent, New Mex	ico 88265		*	10. Field and P	7 ool, or Wildcat
UNIT LETTER	H , 6 1	L <u>980</u> FEET FR	ом тне <u>North</u>	LINE AND	990 FEET FROM	TUBB	
. .				1			
THE East	LINE, SECTI	on <u>4</u>	_ TOWNSHIP32	2-S RANGE	37-E NMPM		
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		15, Ele	vation (Show whet	her DF, RT, GR, etc.)		12. County Lea	
16.	Chack	Appropriate Re	To Indiant	Nature of Notic	Danas as Os	Las Dasa	
N		NTENTION TO:		Nature of Notic	=	ner Data TREPORT OF	:
	v.E-1		r		·		
PERFORM REMEDIAL WO	**X [PL	.UG AND ABANDON	REMEDIAL WORK		ALTE	RING CASING
TEMPORARILY ABANDON			r	COMMENCE DRILL	ING OPNS.	PLUG	AND ABANDONMENT
PULL OR ALTER CASING		Ç H	IANGE PLANS	CASING TEST AND			
			_	OTHER			
OTHER		···	L	_			
17. Describe Proposed	or Completed Or	perations (Clearly s	tate all pertinent	details and sive post	nest dates including	actimated data of	
work) SEE RULE	103.	relations (cicurty s	tate att pertinent	acians, and give perii	nem dutes, including	estimatea aate oj	starting any proposed
Plan to:	Ponfonato	s filt onging	anlaatiwal	er in MiiDD 7an		N T 0	Sanda Aland
rian co:	Perforate 5 casing selectively in TUBB Zone as per G.RN. Log. Swab test Acidize & Frac. if necessary, Run production equipment & complete in						
	TUBB Zone			uii pi dadouioii	o darpo.ro	00.mp1000 11	•
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18, I hereby certify that	the information	above is tour and	complete to the t-	et of medicaniled	d baliaf	•	·
			ompiete to the bei	er or merwuomsense su	u otliti.		
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SIGNED #	- XIAL	<i>h</i>	TITLE	Super. Admin	<u>Services</u>	DATE	15-75
	Orig. Signe	ed by		* * * * * * * * * * * * * * * * * * * *		^	
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CONDITIONS OF APPROVAL, IF ANY: