| NO. OF COPIES RECEIVED | | Form C-103 |
|---|--|--|
| DISTRIBUTION | | Supersedes Old |
| SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSI | C-102 and C-103 ON Effective 1-1-65 |
| FILE | TEN MEXICO OIL CONCLUSION COMMISSION | |
| U.S.G.S. | | 5a. Indicate Type of Lease |
| LAND OFFICE | | State Fee X |
| OPERATOR | | 5. State Cil & Gas Lease No. |
| OFERATOR | | |
| SUNDRY NOTIC | CES AND REPORTS ON WELLS DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESE RMIT -** (FORM C-101) FOR SUCH PROPOSALS.) | RVOIR. |
| 1. | | 7. Unit Agreement Name |
| OIL GAS WELL OTHER | • | 8. Farm or Lease Name |
| 2. Name of Operator | | Bruncon - argo |
| 3. Address of Operator | ton | 9. Well No. |
| Bry 633, Milland | Jufas 19101 | 9 |
| 4. Location of Well | | 10. Field and Pool, or Wildcat |
| UNIT LETTER 12 73/ | FEET FROM THE MARCH LINE AND 1900 | FEET FROM Flace Dimpun |
| 1 | 0 | |
| THE LOAST LINE, SECTION 9 | TAWNSHIP 228 PANCE 37-4 | |
| | DE DE 00 | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| 16: | iate Box To Indicate Nature of Notice, R | opert or Other Data |
| • • • | | UBSEQUENT REPORT OF: |
| NOTICE OF INTENTION | JN 10: | OBSEQUENT NET ONT OF . |
| | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| PERFORM REMEDIAL WORK | COMMENCE DRILLING OP | |
| TEMPORARILY ABANDON | CHANGE PLANS CASING TEST AND CEME | |
| PULL OR ALTER CASING | OTHER | |
| | | |
| OTHER | | |
| 1 | | dates, including estimated date of starting any proposed |
| work) SEE RULE 1103. | 1. Bake | 7" Cast was bridge |
| Abandan Hare Simpon by setting Baker 7" Cast from bridge plug in 7" Casing at 6630, Capped with 20' of Cornect. | | |
| 1" Period at 6630, Capped with 20 of | | |
| klug en | | V |
| 6610- PBTD | | |
| ψψ / <i>U</i> · · · | | |
| Demon | emane from schedule | |
| / rease 10 | eme o | |
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| | | |
| | | |

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Mustine O. Jucker

TITLE MSURTLES CLUB DATE 1.20-7.3

APPROVED BY W. Munyan

TITLE

DATE

CONDITION OF APPROVAL, IF ANY