NO. OF COPIES RECEIVED			Form C-103		
DISTRIBUTION	± 43 × 5 ± 5 ± 0. C. C.		Supersedes Old C-102 and C-103		
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1-1-65		
FILE		APR 27 11 43 M '67			
U.S.G.S.		MIN C. TEND IN O	5a. Indicate Type o		
LAND OFFICE			State	Fee, 🗶	
OPERATOR			5. State Oil & Gas	Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)					
1. OIL GAS WELL WELL	. *	1. Unit Marchaent: Name			
2. Name of Operator			Fenrose Cand 8. Farm or Lease N	Uni?	
ANADARKO PRODUC		Tract No. 32			
3. Address of Operator	9. Well No.				
P. O. Box 247, Hobbs, New Mexico 88240 4. Location of Well			2		
4. Location of Well	10. Field and Pool, or Wildcat				
UNIT LETTER	I analie Marrix				
	THE PROPERTY OF				
THE WEST LINE, SE					
15. Elevation (Show whether DF, RT, GR, etc.)			12. County	/////////////////////////////////////	
M. A.			Lea		
Check Appropriate Box To Indicate Nature of Notice, Report or Oth					
	INTENTION TO:		T REPORT OF:		
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	[ļ			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING	
PULL OR ALTER CASING		COMMENCE DRILLING OPNS.	PLUG AND	ABANDONMENT	
POLL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		F-1	
OTHER		OTHER			
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent dete	zils, and give pertinent dates, including	g estimated date of sta	rting any proposed	
worn, 522 No.22 1103.					
1. Pull tubing and rod	Ş.				
2. Cleanout through c	asing and shot hole to total de	eth.			
3	3				
3. Run Gamma Ray, N	leutron, and Caliper surveys.				
,,,,					
4. Close in well - awa	aiting further orders.				
10 Thomby actiful that the title	ion above is true and complete to the best o		·····		
to. I hereby certify that the informat	above is true and complete to the best of	ı my Knowledge and belief.			
20120.			•	A	
SIGNED M. F. Delson	TITLE	istrict Superintendent	DATE <u>4/24</u>	/67	
	\				
APPROVED BY	TITLE		DATE		

CONDITIONS OF APPROVAL, IF ANY: