NO. OF COPIES RECEIVED	•		Form C-103
DISTRIBUTION			Supersedes Old C-102 and <b>6-1</b> 03
ANTAFE	NEW MEXICO OIL	CONSERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
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	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name  T. O. May
3. Address of Operator			9. Well No.
P. O. Box 806, Eunice, New Mexico			( 1
4. Location of Well			10. Field and Pool, or Wildcat
B	330 FEET FROM THE NO.	rth Line and 2310 FEET FRO	24
UNIT CETTER	FEET FROM THE	FEET FAC	
THE LINE, SECTION 34 TOWNSHIP 225 RANGE 37E NMPM.			
	15. Elevation (Show wh	rether DF, RT, GR, etc.)	12. County
	N.A.		Lea
16. Checl	k Appropriate Box To Indica	ate Nature of Notice, Report or O	ther Data
	INTENTION TO:		NT REPORT OF:
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	
OTHER		-	
	Operations (Clearly state all pertine	nt details, and give pertinent dates, including	ng estimated date of starting any proposed
work) SEE RULE 1103.			
1. RUPU and reverse unit.			
2. Clean out from surface to TD @ 6550' or to top of cmt. @ 6350'.			
			mc. 10 <b>635</b> 0 .
	and temp. survey		
4. Set Lynes open hole cmt. retainer @ 3800' ± top San Andres formation.			
		, Bline, & Tubbs forma	
6. Set Lynes open hole cmt. retainer @ 3200' Top Queens formation.			
<del></del>		& Grayburg formation.	
8. Set Hallibu	rton cmt. retainer	n 8-5/8" csg. @ 2700	· ±.
9. Squeeze cmt	. 7 rivers formation	on.	
			CEG. @ 1904'.
10. Load hole w/mud and spot cmt. plug in top if 8-5/8" csg. @ 1904'. 11. Spot 50' cmt plug @ surface w/dry hole marker.			
12. Rig down equipment.			
iz. Rig down eq	arbwette.		
18. I hereby certify that the informat	ion above is true and complete to the	best of my knowledge and belief.	
signed /22 22	CPTITLE	Area Supervisor	DATE 11-6 74
SIGNED	TITLE		
O:	ig. Signad by		DATE

CONDITIONS OF APPROVAL, IF ANY: