NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION	]		Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1-1-65	
FILE	1			
	1	594 <b>507</b>	5a. Indicate Type of Lease	_ l
U.S.G.S.	1 NEP 14 -	3 12 711 67	State Fee.	
LAND OFFICE	-		5. State Oil & Gas Lease No.	
OPERATOR	٦		E-3480-1	
	NAME OF THE PERSON OF	Y WELLS		III
SUNDS	RY NOTICES AND REPORTS OF OPERALS TO DRILL OR TO DEEPEN OF PLUG	N WELLS BACK TO A DIFFERENT RESERVOIR.		
USE TAPPEICA	OPOSALS TO DRILL OR TO DEEPEN OR PLUG TION FOR PERMIT - " (FORM C-101) FOR S	UCH PROPOSALS.)	7. Unit Agreement Name	
I. OIL GAS	<b>.</b> . •			İ
WELL WELL	OTHER-		8. Farm or Lease Name	
. Name of Operator			B P Cole (NC# A)	1
Gulf Oil Corporation			R. E. Cole (NCT-A) 9. Well No.	
Address of Operator	5. Well 115.	ļ		
Box 670, Hobbs, New Mer	B Wildow			
. Location of Well			10. Field and Pool, or Wildcat	
UNIT LETTER K	130 FEET FROM THE South	LINE AND FEET F	ROM Undes. Montoya & Sil	St. 14
UNIT LETTER,	THE PROPERTY OF			VIII
line 4	10N 16 TOWNSHIP 22-	5 RANGE 37-E NM	PM. (())	IIII
THE LINE, SECT	ION TOWNSHIP	RANGE		77777
mmmm	15. Elevation (Show wheth	er DF, RT, GR, etc.)	12. County	////
		3392' GL	Lea	VIII.
	Appropriate Box To Indicate	Titte of Titter, and Table	ENT REPORT OF:	
NOTICE OF I	INTENTION TO:	3323243		
		REMEDIAL WORK	ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	~	PLUG AND ABANDONMEN	, iii
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	. 200 ,	لبا
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		
	• • • • · · · · · · · · · · · · ·	OTHER		_ 🖵
OTHER Repair COMMIN	lcation			
15 Describe Described of Completed (	Operations (Clearly state all pertinent of	letails, and give pertinent dates, inclu	ding estimated date of starting any pro	posed
work) SEE RULE 1103.	Sperations (Great) draws are personal	, , ,		
•				
7302' TD.				
A recent test	t indicated communication	n. Will take what ever	steps are necessary	
to repair.				
co Leberre	•			
		et of my knowledge and helief.		
18. I hereby certify that the informati	on above is true and complete to the be	ist of my knowledge and periet.		
00101111				
ORIGINAL SIGNE	D BY		<u>.</u>	
ORIGINAL SIGNE C. D. BORLAN	D BY	tres Production Manager	DATE September 18,	196

TOTAL S

CONDITIONS OF APPROVAL, IF ANY

1 . . . . . .

20 1967