NO. OF COPIES RECEIVED			Form C-103		
DISTRIBUTION HORDS OF FACE O. C. C.			^	Supersedes Old	
SANTA FE	The second secon			C-102 and C-103 Effective 1-1-65	
FILE	HEN MEXICO OIL CONO.				
U.S.G.S.		Jun 19 10 25 AM'1	5a. Indicate Type	e of Lease	
LAND OFFICE			State	Fee. 🗶	
OPERATOR	·		5. State Oil & Go	as Lease No.	
OFERATOR					
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.)			7. Unit Agreemen	nt Name	
OIL X WELL X	OTHER-			<u> </u>	
2. Name of Operator			8, Farm or Leas	8, Farm or Lease Name	
Millard Deck			Lou Worth	Lou Wortham "A"	
3. Address of Operator			9. Well No.	9. Well No.	
P. O. Box 409, Eunice, New Mexico			. 2	. 2	
4. Location of Well			10. Field and Pa	ool, or Wildcat	
	ogo North	990	Penrose-Si	kellv	
UNIT LETTER H . 1980 FEET FROM THE NORTH LINE AND 990 FEET FROM			THILL MAN TO		
THE East LINE, SECTION 11 TOWNSHIP 22 SOUTH RANGE 37 Cast NMPM.					
			- www. /////////////////////////////////		
15. Elevation (Show whether DF, RT, GR, etc.)			12. County		
33\\3' GR			Lea		
		CNI-sine Demon			
	Appropriate Box To Indicate N NTENTION TO:		QUENT REPORT OF	:	
			<del></del>	السا	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON	<u> </u>	COMMENCE DRILLING OPNS.	PLUG	AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	[ <b>x</b> ]	<del></del>	
•		OTHER			
OTHER					
		:	including actimated date of	etarting any proposed	
17. Describe Proposed or Completed Opwork) SEE RULE 1 105.	perations (Clearly state all pertinent deta	ilis, and give pertinent dates, i	including estimated date of	Starting any proposes	
<b>,</b>					
1. On 6/12/67 rea	ached total depth of 3850	1.			
2 Ran 3830' of )	le" 10.50# J-55 casing. 9	08 joints.			
3. Cemented using	g 350 sacks of incor ceme	ent with 50-50 Poz	and 6% gel.		
l. Shut down wait	ting on cement for 24 hou	irs. Pressure test	ed casing to		
2.000 # for 30	O minutes without pressur	e loss.			
<b>-</b>	<del>-</del>				
				•	
		•	•		
		•			
•					

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

SIGNED THE Owner = Operator DATE 6/17/67

APPROVED BY TITLE ONDITIONS OF APPROVAL, IF ANYI