HAL OF COPIES RECEIVED			
DISTRIBUTION			Form C-103 Supersedes Old
ITAFE	NEW MEXICO OIL CONSE	RVATION CONNECTON	C-102 and C-103
FILE		RVATION COMMISSION	Effective 1-1-65
U.S.G.5.			5a. Indicate Type of Lease
OPERATOR			State X Fee
]		5. Sidle Off & Gds Ledge 140.
SUN	DRY NOTICES AND REPORTS ON W		
DO NOT USE THIS FORM FOR USE "APPLIC	DRY NOTICES AND REPORTS ON W	CK TO A DIFFERENT RESERVOIR. PROPOSALS.)	
	·		7. Unit Agreement Name
WELL WELL WELL	OTHER-		
2. Nume of Operator			8, Farm or Lease Name
Anadarko Pro	Lou Wortham "C"		
3, Address of Operator			9. Well No.
P. O. Box 80	<u>6 - Eunice, New Mexico</u>	88231	2'
4. Location of Well	· · ·		10. Field and Pool, or Wildcat
UNIT LETTER G 1	877.7 FEET FROM THE North	LINE AND 2407 FEET FROM	S. Eunice San Andres
THE East LINE, SEC	TION 11 TOWNSHIP 225	BANGE 37E	
			VIIIIIIIIIIIII IIIIIIII
	15. Elevation (Show whether D)		12. County
	3345' GR	3353' КВ	Lea
16. Check	Appropriate Box To Indicate Na	ture of Notice. Report or Or	her Data
			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 Bring casing	valves to X
0THER		ground level	
17. Describe Proposed or Completed	Operations (Clearly state all participant datail	and the providence of the second second	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1 103.

- 1. Cellars were dug out for casing pressure checks.
- 2. Connections were added to the surface casing and valves were raised to ground level.

	hat the information above is true a Alenderso	nd complete to the be	st of my knowledge and belief. Area Supervisor	DATE 01/13/76
	Stepse Simoni by I	rg. Signed by .es Cleme ra	energia de la composición de la decisión de la decis Anna el transmissione de la decisión de la decisión Interna de la decisión	
APPROVED BY		The Gara The The		DATE

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