NO. OF COPIES RECEIVED	±	Form C-103
DISTRIBUTION	HARRE OFFICE A C.C.	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO BILBES OF FICE O. C. C.	Effective 1-1-65
FILE		
U.S.G.S.	Jul 19 1 os PM '67	5a. Indicate Type of Lease
LAND OFFICE		State Fee 🛣
OPERATOR		5. State Oil & Gas Lease No.
CLAIDDY M	TICES AND DEPONTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSAL	DTICES AND REPORTS ON WELLS 5 TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. R PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	R PERMIT - (FORM C-101) FOR SUCH PROPUSALS.)	7, Unit Agreement Name
OIL GAS		Shalls Samuel Walled
2. Name of Operator	THER-	8. Farm or Lease Name
·	fit i Communic	
3. Address of Operator	011 Company	9. Well No.
1	C. Hatha Wassidan	5. 1101
	G - Hobbs, New Mexico	10. Field and Pool, or Wildcat
4. Location of Well		
UNIT LETTER,	FEET FROM THE BORTE LINE AND 660 FE	ET FROM LANGUE MATELY
THELINE, SECTION	TOWNSHIPRANGE	_ NMPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3321' HF	ica (((((()))))
16. Check Appr	opriate Box To Indicate Nature of Notice, Report	or Other Data
NOTICE OF INTEN	•	QUENT 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	The same same same same same same same sam
POLL OR ALTER CASING		to Water Injection
	OTHER	
OTHER		
17. Describe Proposed or Completed Operation	ns (Clearly state all pertinent details, and give pertinent dates, in	cluding estimated date of starting any proposed
work) SEE RULE 1 103.		
Moved in and rigged up to	ulling unit. Pulled rods and tubing.	Run 2 tubing and sat pocker
		•
at 1989 . Water in	jection equipment was installed and water	er will be injected into
	Clare and and and annual management and a super-	
the Danses Enwerten th	rough 7" 60 casine perferations 3489	-95661
THE LOUISON LOUISETON CH	10080 TANKE THE PROPERTY AND THE	
		•
18. I hereby certify that the information about	e is true and complete to the best of my knowledge and belief.	
4 - That I		
Stakha	TITLE Bistrict Superintend	ent DATE July 17, 1967
SIGNED	THE STATE OF THE S	Date
	1950 1 MAN 4 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	PACKED IN STATE	: ::
APPROVED BY	जा र िक	DATE

CONDITIONS OF APPROVAL, IF ANY