service and the service of the servi			University of the Control of the Con
			1000 - 10 - 141 i
2451411	NEW MEXICO OIL CONS	ERVATION COMMISSION	(=102 and (=104 1 Hec11ve 14 65
F16.43			
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.			
(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.			7. Unit Agreement Name
OIL X GAS WELL OTHER-			
2. Name of Operator			B. Farm or Lease Name
Imperial-American Management Co.			G. G. Travis
3. Address of Operator			9. Well No.
507 Midland Savomgs Bldg., Midland, Texas 79701			3
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER , 990 FEET FROM THE East LINE AND 2310 FEET FROM			FROM Imperial-Tubb Drinkard
South 21 23-S 37-F			
THE LINE, SEC	TION 21 TOWNSHIP 23-	3 RANGE	MPM. ()
	15. Elevation (Show whether	DE RT CR etc.)	12. County
	3304.6 GR	DI, 101, ON, e.c.)	
			Lea
Check	k Appropriate Box To Indicate N	·	
NOTICE OF	INTENTION TO:	SUBSEQU	ENT REPORT OF:
	<u></u>		F-7
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	Temporary A	bandonment [X]
of Lower Zo			ne of Dual Well
OTHER			
	Operations (Clearly state all pertinent dete	zils, and give pertinent dates, inclu	uding estimated date of starting any proposed
work) SEE RULE 1103.			
9-17-70 - Killed wel	ll. Pulled dual tubing st	rings. Set plug in O	tis Permatrieve Packer
set @ 5920	O' to plug off Imperial-Tu	bb Drinkard perforati	ons 5970' to 6296'.
0 10 70 0			
<u>y-10-/0</u> - Re-ran sir	ngle tubing string, withou	t packer, set @ 5750'	. Returned upper zone
(league B)	linebry) to production.		
PLEASE CAN	NCEL ALLOWABLE FOR IMPERIA	-TIPE DELNEADD ZONE	
TELAGE CAN	TOLE ACCOMADEL TON THE ENTA	- TOBB DRINKARD ZONE	
18. I hereby certify that the informat	ion above is true and complete to the best	of my knowledge and belief.	
astank 1	1 (2-1) D	ivision Manager	October 21, 1970
SIGNED ()	TITLE		DATE
	$f(\mathcal{L}, \mathcal{U})$		OCT 28 1970
ADDRESS OF THE PARTY OF THE PAR	W. Smed	SUPERVISOR DISTRICT	DATE UG 1 A G 1370

CONDITIONS OF APPROVAL, IF ANY: