	1		
NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION	4		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSI	ERVATION COMMISSION	Effective 1-1-65
FILE	•		F
U.S.G.S.		∠ †	Sa. Indicate Type of Lease
LAND OFFICE			State Fed. Fee
OPERATOR	j	•	5. State Oil & Gas Lease No.
SUNDO		WELLS	LC-055546
CO NOT USE THIS FORM FOR PROUSE "APPLICAT	AND TICES AND REPORTS ON BEAN OF PERMIT - " (FORM C-101) FOR SUC	WELLS Ack to a different reservoir. H proposals.)	
1. OIL GAS T			7. Unit Agreement Name
WELL WELLX	OTHER-		8. Farm or Lease Name
El Paso Vatural Gas Co	mpany		Wells Federal
El Paso Matural Gas Company 3. Address di Operator			9. Well No.
P. O. Box 1384 - Jal, New Mexico 88252			4
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE North	LINE AND FEET FROM	Jalmat-Yates
			$\mathbf{\forall}$
THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>25 S</u> RANGE <u>37 E</u> NMPM.			
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3245 GI	3.	Lea
^{16.} Check	Appropriate Box To Indicate N	ature of Notice, Report or Ot	her Data
. NOTICE OF IN	NTENTION TO:	SUBSEQUEN	REPORT OF:
PERFORM REVEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORAR: _ ABANDON	CHANGE PLANS	CASING TEST AND CEMENT JQB	
FULL OR AL EX CADING		OTHER Casing leak	survey X
OTHER	· 🗋		
	perations (Clearly state all pertinent deta	ils and give pertinent dates including	estimated date of starting any proposed

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 1103.

Cellars were uncovered and bradenheads piped to surface with valves. 8-10-77 pressures were taken and witnessed by NMOCC.

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

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SIGNED Urry L. Marks	TITLE Production Supervisor	DATE August 24, 1977
APPROVED BY Eddie San	OIL & GAS INSPECTOR	AUG 2 6 1977
CONDITIONS OF APPROVAL, IF ANY:	TITLE	

HUBBS, N. M.