	,			
				Form C-103
NO. OF COPIES RECEIVED				Supersedes Old C-102 and C-103
DISTRIBUTION		W MEXICO OIL CONSERVA	TION COMMISSION	Effective 1-1-65
SANTA FE	NE NE	W WEYICO OIF COMPENSA		
FILE				5a. Indicate Type of Lease
U.S.G.S.				State Fee 8
LAND OFFICE				5, State Oil & Gas Lease No.
OPERATOR				mmmmmmm
	CUNDRY NOTICES	AND PEPORTS ON WEL	I S	
(DO NOT USE THIS FOR USE *	M FOR PROPOSALS TO ORILL APPLICATION FOR PERMIT	AND REPORTS ON WELL OR TO DEEPEN OR PLUG BACK TO	A DIFFERENT RESERVOIR. OSALS.)	7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-			3. Farm or Lease Name
2. Name of Operator				B. T. Lamehert
	Sun Oil Compa	<u> </u>		9. Well No.
3. Address of Operator	P 270	2, Odessa, Texas 7	9760	2
	P. O. Bex 219	e, ouesay recent		10. Field and Pool, or Wildcat
4. Location of Well	660	East	198 0	Jalmat Yates Gas
UNIT LETTER	FEE	T FROM THE L	1980 NE AND FEET	
	20	township 25 8	37 E	NMPM.
THE South	INE, SECTION	TOWNSHIP	_ RANGE	
·····	i virinimi	Elevation (Show whether DF,	RT, GR, etc.)	12. County
		3050¹ G		Loa
	//////////////////////////////////////	Box To Indicate Natur	e of Notice Report	or Other Data
16.	Check Appropriate	Box To Indicate Natur	SUBSEC	QUENT REPORT OF:
NOTI	CE OF INTENTION	TO:	500014	(0 =
		<u>-</u>		ALTERING CASING
PERFORM REMEDIAL WORK		PEOG AND ADMITTED	MEDIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON			MMENCE BRILLING OPNS. BING TEST AND CEMENT JOB	=
PULL OR ALTER CASING		CHANGE PLANS CA		
			OTHER	
OTHER				
) O tions (Cle	arly state all pertinent details,	and give pertinent dates, in	neluding estimated date of starting and propose
17. Describe Proposed of C work) SEE RULE 1103.	ompleted Operations (Cre-	arty state are pro-		handon this well (dated
work) SEE ROLL		requesting permissi	on to plug and a	on De- 025 Widland, Texas
Concerning ou	regent o-acy .	and this location	to Burleson & Hu	bandon this well (dated ff, Box 935, Midland, Texas.
10-24-69(, we	PEAS LEGERATA	-magent time.		
This well is	standing at the	bresent ermee		
			ner transpladae and helief.	
18, I hereby certify that th	ne information above is tru	ue and complete to the best of t	ny knowledge and belief.	
`	€/:			tendent 3415 12-12-69
John Il	c. Buckney	TITLE ASS	t Dist. Superint	endent DATE
// ~				

SIGNED_

CONDITIONS OF APPROVAL, IF ANY: