	-		
NO. OF COPIES RECEIVED			Form C -103
DISTRIBUTION		•	Supersedes Old
SANTA FE	NEW MEXICO OIL	CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		•	21.001149 1-1-03
U.S.G.S.	1		5a. Indicate Type of Lease
LAND OFFICE	1 .		
OPERATOR			5. State Oil & Gas Lease No.
	,		LC-032579 A
SUNDR	Y NOTICES AND PERCET	S ON WELLS	min Milliant
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	RY NOTICES AND REPORTS  PROPOSALS TO DRILL OR TO DEEPEN OR F  100 FOR PERMIT - " (FORM C-101) FOR	DOIN WELLS PLUG BACK TO A DIFFERENT RESERVOIR. OR SUCH PROPOSALS.)	
1.		A SOUR PROPOSACS.)	7. Unit Agreement Name
OIL GAS WELL Y	OTHER-		, , , , , , , , , , , , , , , , , , , ,
2. Name of Operator			8. Farm or Lease Name
El Paso Matural Gas Company			Carlson Federal
3. Address of Operator			9. Well No.
P. O. Ecx 1384 - Jal, 1	New Mexico 88252		2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER N 660 FEET FROM THE SOUTH LINE AND 1980 FEET FROM			Jalmat-Yates
ONTI CETTER,	FEET FROM THE	LINE AND TOO FEET FROM	THE THE STATE OF T
West	23	25S RANGE 37 E	
LINE, SECTION	N TOWNSHIP	RANGENMPM	Allillillilli
	15. Elevation (Show wh	ether DF, RT, GR, etc.)	12. County
	3057	· · · · · · · · · · · · · · · · · · ·	Lea
16.	<del></del>		
		te Nature of Notice, Report or Ot	
NOTICE OF IN	TENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		ALTERING CASING
TEMPORAR!LY ASANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	-
		other Casing les	ak survey X
OTHER		L	
17. Describe Proposed or Completed Ope	erations (Clearly state all pertinen	t details, and give pertinent dates, including	estimated data of starting and property
work) SEE RULE 1103.	•	and the following dates, the taching	estimated date of starting any proposed
0.11			0
Cellers were uncovered	and bradenheads pipe	d to surface with valves.	8-10-77 pressures
4 7 4	. 7 . 1 . 22.000		
were taken and witnesse	ed by NMOCC.	,	
	•		
		•	
		•	
	•		
18. I hereby certify that the information s	above is true and complete to the h	est of my knowledge and hall of	
and the same of th	Is the and complete to the D	ear or my knowledge and belief.	
Olympia of Qn	- , P		
SIGNED Y. A.	TITLE_	Production Supervisor	DATE August 24, 1977
U V		1.00	
( C C C - C	N.	POTESTO AND SAIRS	R AUG 26 1977
APPROVED BY LOCAL 3	2 22 27 9191 #		T**

CONDITIONS OF APPROVAL, IF ANYI