NO. OF COPIES REC	EIVED					Form C-103 Supersedes Old
DISTRIBUTIO) N				COLON	C-102 and C-103
SANTA FE		NEW MEXICO	O OIL CONSERVA	TION COMMI	SSION	Effective 1-1-65
FILE U.S.G.S.				in 17	Ju 198	5a. Indicate Type of Lease
LAND OFFICE				Out :: 1;	CC 1 105	State Fee.
OPERATOR						5. State Oil & Gas Lease No.
						B-9519
	SUNDRY THIS FORM FOR PROPUSE "APPLICATION	NOTICES AND REF	PORISON WELL PEN OR PLUG BACK TO -101) FOR SUCH PROP	A DIFFERENT R	ESERVOIR.	7 Unit Agreement Name
OIL OIL WELL	Skally 11 (ិហាសមុខ Ty other-			H.	7. Unit Agreement Name Dollar 1 de Drinkard Unit
2. Name of Operator	P. O. Box 70	id Hobbs, Her	Mexico 8824	Ю		8. Farm or Lease Name
3. Address of Operat	or					collarbide Tubb-Drinxard
4. Location of Well					^-	10. Field and Pool, or Wildcat
UNIT LETTER	J	1980 FEET FROM THE	South	IE AND	980 FEET FROM	······
1						
THEERT	LINE, SECTIO	29 TOWNSH	нть	RANGE	ммрм	
15. Elevation (Show whether DF, RT, GR, etc.)						12. County
			Unknown	· · · · · · · · · · · · · · · · · · ·		
16.		Appropriate Box To	Indicate Natur	e of Notice		
	NOTICE OF IN	TENTION TO:			SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL	w.c	PLUG AND	ABANDON REM	EDIAL WORK		ALTERING CASING
	===	ter injection		MENCE DRILLING	G OPNS,	PLUG AND ABANDONMENT
PULL OR ALTER CAST	1 1	CHANGE PL	<u> </u>	NG TEST AND C		
				THER		
17. Describe Plopos work) SEE RUL	sedok Completedian	erorians (Meanti slains)	l un détails, a	nd give pertine	ent dates, includin	g estimated date of starting any proposed
	Personal rodes w	zd twoing.				
3)	From verting and set peaker.					
- '	Big down and somment to injection system.					
	After Teserrous begins to pressure up, them:					
5) His ap pulling wit and pull tubing and packer						
6) Run tubing with bit and clean out to T. D.						
7)						
8)	8) The take of ear set perker.					
9)	rill	e eith inhibite	d fluid.			
المستنبون		<i>7)</i>				
10. I hardhu aastie	that the information	above is true and comple	te to the best of my	en Frodu knowledge and	ction in	
18.1 nereby certify	. Her the amountaine		•	-		
SIGNED	-		T(TLE			
	Lind	(m)	SUFER	USOR DIS	TRICT !	DATE 111 13 1969
CONDITIONS OF	APPROVAL, IF AN	(:	TITLE			DATE / No bear 1, 1/ 10 00