DISTRIBUTION		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee R
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOI	IDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator TEXAS PACIFIC OIL		8. Farm or Lease Name
3. Address of Operator	NOTA ANT	Winningham
P.O. Box 1069 - Ho	obs, New Mexico	9. Well No.
4. Location of Well	2040	10 Field and Book on Wildow
UNIT LETTER	1980 FEET FROM THE South LINE AND 1980 FEET FR	Jalmat Jalmat
THE East	CTION 30 TOWNSHIP 25-S RANGE 37-E NMP	
LINE, SI	CTION TOWNSHIP PRANGE NMP	~ <i>(</i> (((((((((((((((((((((((((((((((((((
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3021 ° GR	Lea
16. Chec	k Appropriate Box To Indicate Nature of Notice, Report or C	ther Date
NOTICE OF	INTENTION TO:	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	13- 451
OTHER	OTHER	Lly Abandoned X
17. Describe Proposed or Completed work) SEE RULE 1703.	Operations (Clearly state all pertinent details, and give pertinent dates, includir	g estimated date of starting any proposed
17. Describe Proposed or Completed work) SEE RULE 1703.	Operations (Clearly state all pertinent details, and give pertinent dates, including the secondary recovery.	g estimated date of starting any proposed
17. Describe Proposed or Completed work) SEE RULE 1703.		g estimated date of starting any proposed
17. Describe Proposed or Completed work) SEE RULE 1 103.		g estimated date of starting any proposed
	Held for possible secondary recovery.	g estimated date of starting any proposed
	Held for possible secondary recovery. On above is true and complete to the best of my knowledge and belief.	11-10-66
18. I hereby certify that the informat	Held for possible secondary recovery. On above is true and complete to the best of my knowledge and belief. Sheldon Ward Area Superintendent	g estimated date of starting any proposed DATE 11-10-66

CONDITIONS OF APPROVAL, IF ANY: