		60 28 306
NO. OF COPIES RECEIVED 4 DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSIO	Form C-103 Supersedes Old C-102 and C-103 N Effective 1-1-65
FILE	_	5a. Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		
(DO NOT USE THIS FORM FOR USE THE FORM FOR	DRY NOTICES AND REPORTS ON WELLS reoposals to drill or to deepen or plug back to a different reserv ation for permit - "(form C-101) for such proposals.)	ов. ())))))))))))))))))))))))))))))))))))
1.		7. Unit Agreement Name
OIL GAS WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Gordon M. Con	Corrigan	
3. Address of Operator		9. Well No.
P. O. Box 114	8, Lovington, New Mexico 88260	
A Location of Well		10. Field and Pool, or Wildcat
М	990 FEET FROM THE South 111E AND 990	Justis Blinebry
	TION 11 TOWNSHIP 255 RANGE 37E	NМРМ. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
Tê. Chec	k Appropriate Box To Indicate Nature of Notice, Re	port or Other Data
NOTICE OF	INTENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT OTHER	
OTHER Request for E	xtension of	
Tomponent Aba	ndonment	in a line actimated date of starting any proposed
17. Describe Proposed or Completed	Operations (Clearly state all pertinent details, and give pertinent da	tes, including estimated date of starting any proposed

17. Describe Proposed or Completed Operation work) SEE RULE 1103.

The last form reported to your office was 3-19-69 proposing to temporarily abandon same. This well is fully cased and capped and apparently in no way hazardous to the environment or the underground formations. It was never used as a water disposal well as had been planned, but the undersigned was approached two years ago by some responsible operators seeking its re-entry. No economically satisfactory agreement could be reached, but it is believed present conditions do warrant its re-entry and testing of another zone for potential for production, and its temporary abandonment is asked to be extended.

Expires 11/1/75

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

SIGNED SIGNED	W Care	TITLE	Operator

DATE	11-01	L-74

DATE

CONDITIONS	OF	APPROVAL,	1F	ANY:

APPROVED BY