		140
NO. OF COPIES RECEIVED	,	110BB Form C-103 Suffreedes Old
DISTRIBUTION		Off 2 C-102 didic-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-10650
FILE		//
U.S.G.S.		5a. Indicate Tite of Lease
LAND OFFICE		State 77 65 Fee X
OPERATOR		5. State Oil & Gas Lease No.
SUNDRY	NOTICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. N FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
USE "APPLICATION	FOR PERMIT - ** (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS		7. Unit Agreement Name
WELL WELL	OTHER.	
•		8. Farm or Lease Name
Texas Pacific Oil Compa	any	Van Zandt
P.O. Box 1069 - Hobbs, New Mexico		9. Well No.
Location of Well	New Wext co	1
•		10. Field and Pool, or Wildcat
UNIT LETTER	30 FEET FROM THE South LINE AND 660 FEET	Ianglie-Mattix
THE KAST LINE, SECTION	25 TOWNSHIP 24 RANGE 36	NMPM.
mmmmm	· · · · · · · · · · · · · · · · · · ·	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3279° GL	Lea
Check Ap	propriate Box To Indicate Nature of Notice, Report o	or Other Data
NOTICE OF INT	ENTION TO:   SUBSEQ	JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	THE STAND ABANDONMENT
	OTHER Temporari	ly Abandoned x
OTHER		
7. Describe Proposed or Completed Opera	tions (Clearly state all portions I I	
work) SEE RULE 1103.	ttions (Clearly state all pertinent details, and give pertinent dates, incl	uding estimated date of starting any propose
AMENDED		
ATIENDED		
This wall is a faller		
THE WELL IS & FRIENCE	gas and Langlie-Mattix dual. C-103 on 11-	22-65 reported
both zones abandoned.	The Jalmat zone is still producing.	- -
	10km	A STATE OF THE STA
	THE TO SHEET TO	
·	The state of the s	
	was the state of t	
I hereby certify that the information about	ve is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above	ve is true and complete to the best of my knowledge and belief.	
I hereby certify that the information about	. 0	
I hereby certify that the information about	ve is true and complete to the best of my knowledge and belief.  TITLE Area Superintendent	DATE
I hereby certify that the information about	. 0	DATE 12-21-65
I hereby effify that the information about	. 0	DATE 12-21-65

CONDITIONS OF APPROVAL, IF ANY: