Submit 3 Copies To Appropriate District Office	State of	of New Mo	exico		Form C-103
District !	Energy, Minera	ls and Natu	ıral Resources	WELL ADINO	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240				WELL API NO 30-015-3	
District II 1301 W. Grand Avc., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Typ	
District III	1220 South St. Francis Dr.			STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa	Fe, NM 8	7505	6. State Oil & 0	
1220 S. St. Francis Dr., Santa Fc, NM 87505		,		647-324,E-	-135 11593,B-8814
	ES AND REPORTS	ON WELLS)		or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	LS TO DRILL OR TO DE	EPEN OR PL	UG BACK TO A	Geronimo '	'27" State Com
PROPOSALS.) 1. Type of Well:			RECEIVED	8. Well Numbe	
Oil Well Gas Well 🔀 (Other		:	1	2
			NOV 1 9 2004	9. OGRID Nun	nhae
2. Name of Operator	PCD T	Ω	OP:ARTESIA	9. OGRID Null	iloei
Dominion Oklahoma Texa 3. Address of Operator	is tar inc.	-		10. Pool name	or Wildcat
14000 Quail Springs Pa	arkron Sto 6	00 01:1-1	home City OV		
4. Well Location	ilkway, ste. o	ou, okia		Limpire, Inc	JIIOW, BOULII
4. Well Location			73120		
Unit LetterA	990' feet from th	e Sout	n line and	660' feet fi	rom the <u>West</u> line
Section 27	Township	170 P	ange 28E	NMPM	County Eddy
Section 27	11. Elevation (Show	whether DR	RKR RT GR etc.)		
		3681 '	, Mass, KI, Oic, cic.,		
Pit or Below-grade Tank Application (For p			C-144 must be attached	Ŋ	
Pit Location: ULSectTwp	Rne Pit type	 D	epth to Groundwater	Distance from	nearest fresh water well
Distance from nearest surface water					
feet from theline and	=				•
				**	
Steel tank on location	i to circ. int	0.			
12. Check Ar	propriate Box to	Indicate N	ature of Notice,	Report or Othe	er Data
NOTICE OF INT				SEQUENT R	
PERFORM REMEDIAL WORK		N 🗆	REMEDIAL WORK	<	ALTERING CASING
_				_	45
TEMPORARILY ABANDON 🔲	CHANGE PLANS		COMMENCE DRIE	LING OPNS.	
PULL OR ALTER CASING	MULTIPLE		CASING TEST AN	ID 🗆	ABANDONMENT
PULL OR ALTER CASING [COMPLETION	Ш	CEMENT JOB	یا د.	
	COM ELTION		OEMENT USS		
OTHER:			OTHER:		
13. Describe proposed or comple	ted operations. (Clea	rly state all	pertinent details, and	give pertinent da	ates, including estimated date
of starting any proposed worl					
or recompletion. 10-26-0					
Circ. well w/ 10# MLF. S	Snot 25 ev omt	045EC .	0-1/2 CIBI 6	7110 Cap	70! C 25
cmt. @ 2750', WOC. 10-28	,pot 25 ax cmt }-04 Tac TOC @	24741	Cut 5-1/2" a	x cmc. e 33	10 20 0/ G 20
sx cmt. @ 2112' WOC & ta	, 04 lag 100 e	24/4 .	Cut 3-1/2 C	Sg. @ 2002	10-29-04 Spot 30
Spot 20 ex cmt 0 60' to	ig e 1303 . Sp	0. 40 82	. CML. @ 490	, WUC. 11-0	1-04 Tag TOC @ 330
Spot 20 sx cmt. @ 60' to	surface. RDM	o. insta	all ary noie	marker & cl	ean location.
I hereby certify that the information al					
grade tank has been/will be constructed or cl	osed according to NMOC	D guidelines (_, a general permit []	or an (attached) afte	rnative OCD-approved plan
SIGNATURE Ky	lany	_TITLE_	Agent		DATE <u>11/12/04</u>
Type or print name Roger Mas	sey	E-mail ac	idress:		Telephone No. 432-530-0
			A 11	7 71 7	70
(This space for State use)	\$ 6 6		_ 1 TUN	Les 6	/ 11 N A 1 2005
	$\triangle O(C)$		Juli 0	120	- 0014 A T 5003
APPPROVED BY	/ XX	_TITLE			DATE
Conditions of approval, if any:					