Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I P.O. Box 1980, I	Hobbe,	NM	88240
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

)IN	WELL API NO. 30-015-2 <del>5776</del>	257

P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE X FEE
		6. State Oil & Gas Lease No. 029348
SUNDRY NOTICES AND REPORTS ON W	/FLLS	V/////////////////////////////////////
I I DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP	EN OR PLUG BACK TO A	7 Lana Nama at 11 11 11 11 11 11 11 11 11 11 11 11 11
DIFFERENT RESERVOIR. USE "APPLICATION FOR I (FORM C-101) FOR SUCH PROPOSALS.)	PERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well:		-
OIL WELL OTHER		BB State <del>Lease</del>
2. Name of Operator El Ran, Inc.		8. Well No.
3. Address of Operator		1
P.O. Box 911 Lubbock, TX 79408		9. Pool name or Wildcat
4. Well Location		Hackberry Delaware
Unit Letter 0: 660 Feet From The South	Line and198	BO Feet From The East Line
Section 16 Township 19S	Range 31E	NMPM Eddy County
10. Elevation (Show wheth	ver DF, RKB, RT, GR, etc.)	NMPM Eddy County
3490' GR		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate Box to Indicate	e Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	ī. <b>I</b>	
OTHER: Status of Well	CASING TEST AND CE	EMENT JOB
OTHER: Status of Well X	OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.</li> </ol>	and give pertinent dates, include	ding estimated date of starting any proposed
The state of the s		
Well is on Production and Pumping.		30 70 25 262728 29 30 30 30 30 30 30 30 30 30 30 30 30 30
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		(in OC) THEO IN
		RECEIVESIA CO
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		SI MEIZINON'S
		RECEIVED ARTESIA 23
I hereby certify that the information above is true and complete to the best of my knowledge at	nd belief.	
$\mathcal{D} \mathcal{L} + \mathcal{O} \mathcal{D}$		
SKINATURE COULT KICHIEL	me Frestdenc	DATE 10-4-00
TYPEOR PRINT NAME Robert R. Ranck		TELEPHONE NO. 806-763-409
(This space for State Use)		
APPROVED BY Mile S Collicel	Fold Par T	مساما
	me Field Rep. I	DATE 11/2/2000
CONDITIONS OF APPROVAL, IF ANY:	<b>\</b> ;	

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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF ATTROVAL, IF ANY:

OIL	CONSER	VATION	DIVISION

DISTRICT   P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-015- <del>25776-</del> <b>25775</b> 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE  6. State Oil & Gas Lease No. 029348
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	ICES AND REPORTS ON WELDPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Out OAS WELL X WELL	OTHER		BB State Lease
2. Name of Operator			8. Well No.
El Ran, Inc.			1
•	bock, TX 79408		9. Pool name or Wildcat Hackberry Delaware
	O Feet From The South	Line and198	Feet From The East Line
Section 16	Township 19S Ra	nge 31E	NMPM Eddy County
	10. Elevation (Show whether		NMPM Eddy County
	3490' GR		
11. Check	Appropriate Box to Indicate I		
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER Status of Well	<b>X</b>	OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
Well is on Producti	on and Pumping.		
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		160163	L <sup>96</sup>
I hereby certify that the information above is true	and complete to the best of my knowledge and	belief.	
SIGNATURE Robert R	Kanel m	President	DATE /0-4-00
TYPEOR PRINT NAME RObert R.	Ranck		телемкие no. 806-763-4091
(This space for State Use)			
(cropped an		C.110 T	