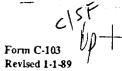
Santa Fe File		
BLM		
Land Office		
B of M		
Operator	Ĭ.	
	File BLM Land Office B of M	File BLM Land Office B of M

CONDITIONS OF AFFROVAL, IF ANY:

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



	Form C-103 Revised 1-1-89	Up-	
LL API NO.			

DISTRICT I				, , , , , , , , , , , , , , , , , , , ,	31031		3131232	
P.O. Box 1980, Hobb	os, NM 88240	OIL CONS	PO Box 20	ON DIVIS	SION	WELL API NO.		
DISTRICT II P.O. Drawer DD, Antesia, NM 88210  P.O. Box 2088  P.O. Box 2088  Santa Fe, New Mexico 87504-2088				30-015-26447				
DISTRICT III				Oor .	_	5. Indicate Type	of Lease	FEE XX
1000 Rio Brazos Rd.,	, Aztec, NM 87410			UL1 4	'90	6. State Oil & G		
1. Type of Well: Oll. WELL X  2. Name of Operator	HIS FORM FOR PRODIFFERENT RESERVICES (FORM C	RVOIR. USE *APPL -101) FOR SUCH P	L OR TO DEEPEN ICATION FOR PE	J O	D,	7. Lease Name of CHAVES  8. Well No.	or Unit Agreement Nam	•
3. Address of Opera	lor	s, me.				9. Pool name or	Wildow	
810 s. C	Cincinnati Su	ite 110 Tuls	sa, Ok 741	19 •		1	ing Delaware	
	B : 66	Township 10. Eleva	230	ange 28E	,	Feel Froi NMPM Eddy	The East	Line County
11.	Check A	Appropriate Bo	x to Indicate	Nature of N	lotice, Re	eport, or Othe	r Data	
NC	TICE OF INT	ENTION TO:					REPORT OF:	
PERFORM REMEDIA	AL WORK	PLUG AND A	BANDON	REMEDIAL	WORK		ALTERING CASING	
TEMPORARILY ABA	NDON	CHANGE PLA	NS	COMMENCE	- DRILLING	OPNS	PLUG AND ABAND	
PULL OR ALTER CA	SING			1		MENT JOB X	FLOG AND ABAND	ONMENT
OTHER:				OTHER:	ST AND CE	WENT JOR		[
12. Describe Proposed work) SEE RULE	or Completed Operat	ions (Clearly state all	pertinent details, ar		dates, includ	ling estimated date of	of starting any proposed	
9-28-90	Spud well (	0 12:00 AM 9	-27 <b>-</b> 90. Dr	ill 12 ½	hole to	. 5191 mou	Dom 510!	
	8 5/8" J <b>-</b> 59	5 24# Csq. Se	et @ 518!	Cmt w/	310 62		y Kgu 218.	
	+ ¼#/sx Cei	lloseal. Cin	culated 85	sx to pi	t. Plu	g down @ 1(	2% CaC1 2	
9-29-90	WOC 18 hrs.	. Cut off cs	eq. NU WH	& BOP to .	2000#-h	eld OK. RI	H w/ 7 7/8"	
Thereby a fig. 10 and 1								
I hereby certify that the in			of my knowledge and					
SIGNATURE	bu h		TITO TITO	LEAger	nt		DATE	90
TYPE OR PRINT NAME	Bill M. Bur	ks		918-582-3	3855		TELEPTIONE NO.	
(This space for State Use)	´ MIK!	GINAL SIGNED E WILLIAMS ERVISOR, DISTI					OCT	5 <b>1990</b>
APPROVED BY	<del></del>		KICI II	P			DATE VOI	a idala