Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL APLNO.
District II	OIL CONSERVATION DIVISION	30-039-29510
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	5 	o. State on & das Lease No.
87505	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	SAN JUAN 30-5 UNIT
1. Type of Well: Oil Well	Gas Well X Other	8. Well Number 237R
	lips Company	9. OGRID Number 217817
3. Address of Operator 5525 Hi Farming	ghway 64 ton, NM 87401	10. Pool name or Wildcat BASIN FRUITLAND COAL
4. Well Location		
Unit Letter G	: 2540feet from the NORTH line and1	feet from the EAST line
Section 16	Township 30N Range 5W	NMPM CountyRIO ARRIBA
	11. Elevation (Show whether DR, RKB, RT, GR, et	tc.)
Pit or Below-grade Tank Application	or Closure	
Pit typeDepth to Ground		Distance from nearest surface water
Pit Liner Thickness: m	il Below-Grade Tank: Volume bbls;	Construction Material
12 Check	Appropriate Box to Indicate Nature of Notice	e Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	= '	DRK ☐ ALTERING CASING ☐ DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING		
	_	-
OTHER:	OTHER: First D	
	work). SEE RULE 1103. For Multiple Completions:	
Date of First Sales: 11/10/2005		
Casing Pressure: 189 psig Tubing Pressure: 0 psig		309V9 AV-
Meter Number: 30533156		13 14 15 %
Transportor: Williams Field Se	rvice	
		100 MOV anne
		G ON EIVED 23
		ON C SIVED NO. 23
		8 24
		18 65 85 C 33
I hereby certify that the informatio	n above is true and complete to the best of my knowled or closed according to NMOCD guidelines , a general permit	dge and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE JULIUT JUL	TITLE Regulatory Analyst	DATE 11/11/2005
Type or print name Juanita Farrell		
For State Use Only	E-mail address:	Telephone No. (505) 599-3419
For State Use Only APPROVED BY: A.	1	Telephone No. (505)599-3419 SPECTOR, OSSI. 49 DATE DATE