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	OII. CONSEDVA	PION DIVICION	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III Santa Fe, New Mexico 87504-2088 DISTRICT III			30-045-28693
			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
011110011111			L-4693
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RES	ERVOIR. USE "APPLICATION FO	R PERMIT	7. Lease Name or Unit Agreement Name
. Type of Well:	C-101) FOR SUCH PROPOSALS.)		
OIL GAS WELL X	OTHER		Buena Suerte 32 G Com.
2. Name of Operator	J OTHER		8. Well No.
Giant Ex	ploration & Production	on Company	1.
. Address of Operator			9. Pool name or Wildcat
P.O. Box Well Location	2810, Farmington, No.	ew Mexico 87499	Basin Fruitland Coal
	830 Feet From The North	** . 2	120
Oun Death	220 rea From the NOT CIT	Line and	130 Feet From The <u>East</u> Line
Section 32	Township 26 North	Range 11 West	NMPM San Juan County
	10. Elevation (Show wh	sether DF, RKB, RT, GR, etc.)	
		1400'	
1. Check	Appropriate Box to Indic		
NOTICE OF IN	HENTION TO:	SUE	BSEQUENT REPORT OF:
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON	CHANGE PLANS		
	OINIGE PENIS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
JLL OR ALTER CASING		CASING TEST AND C	EMENT JOB
THER:		OTHER: Spu	ud Notice X
2. Describe Proposed or Completed One	rations (Clearly state all pertinent det	ails and aive negtinest dates inch	uding estimated date of starting any proposed
work) SEE RULE 1103.	() au persuicia desa	one, wine give personent dates, inch	using estimated date of starting any proposed
The share C	1 19		
ine above reference	d well was spudded on	September 24, 199	92.
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			SEDO
			3EP3 0 1992 (U)
			SEP 3 0 1992 OIL CON. DDIST. 3
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I hereby certify that the information above is t	are and complete to the best of my knowled	-	
SIONATURE		_ mme Engineering M	Manager DATE September 29,
/ TYPEOR PRINT NAME	- D - M I	•	
Jeilrev	R. Vaughan		TELEPHONE NO.
(This space for State Use)			
•			
•	y FRANK T. CHAVEZ	ON EU 1803 D	SEP 3 () 1992

CONDITIONS OF AFPROVAL, IF ANY: