Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate	Energy, Minerals and Natural Re	esources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.
DISTRICT II			30-039-23223
P.O. Drawer DD, Artesia, NM 88210	·		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	CES AND REPORTS ON WELL		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name 009258
1. Type of Well: OIL GAS WELL X	OTHER		San Juan 30-5 Unit
2. Name of Operator	17 (51)		8. Well No. 9258
1 111 1 1 1 P Q 1 Q Q 1 Q 1 Q 1 Q 1 Q 1	17654		SJ 30-5 Unit #103 9. Pool name or Wildcat
3. Address of Operator 5525 Highway 64, NBU 3004, F	armington NM 87401		Basin Dakota 71599
4. Well Location Unit Letter M : 1090		Line and 92	0 Feet From The West Line
S4: 3	Township 30N Rai		NMPM Rio Arriba County
Section 3	Township SUN Rai		
		No.	Parant or Other Date
	propriate Box to Indicate l	Nature of Notice, SUE	SEQUENT REPORT OF:
DEDECORM BEMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
FERFORIN REINEDIAE WORK		COMMENCE DRILLING	
TEMPORARILY ABANDON	CHANGE PLANS LJ		
PULL OR ALTER CASING		CASING TEST AND CE	:MENT JOB 🗀
отнея: extend SI - laying pip	eline to 1st deliver X	OTHER:	
12. Describe Proposed or Completed Operators (No. 1997) SEE RULE 1103.	erations (Clearly state all pertinent deta	uls, and give pertinent da	tes, including estimated date of starting any proposed
the end of the month. V	We have received word that S om the BLM and Espinosa Esta	schalk U11 CO. 18 ates to lay a pipe	lour SI status is due to expire at in the process of having WFS receive line now. Please extend this shut-in and the pipeline to be laid.
			1 S. 2 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	true and complete to the best of my knowledge	e and helief	
I hereby certify that the information above is	TIT		Assistnat DATE 9-19-97
SIGNATURE (1)	тт	LE <u>Regulatory</u>	
TYPE OR PRINT NAME	atsy Clugston		TELEPHONE NO. 505-599-3454
(This space for State Use)			
·	Polisson_ III	DEPUTY OIL & GAS	S INSPECTOR, DIST. #3 SEP 2 3 1997
CONDITIONS OF APPROVAL, IF ANY:	III		

V FINAL PX 11-30-97