Submit 3 Copies To Appropriate District Office District 1	State of New 1			Form C-103
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and N	atural Resources	WELL API NO.	Revised March 25, 1999
District II 811 South First, Artesia, NM 88210	OIL CONSERVATE	MOISIVAGIN	30-045	-0,792
District III 1000 Rio Brazos Rd., Azrec, NM 87410	2040 Sou dent	hahaaa #	5. Indicate Type o	77
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Fa NM	8000\$ 200	6. State Oil & Ga	FEE X
CLDIDAY MODIO	N	RECEIVED	Sullivan	is Lease No.
PRINCE VESEKAOIK, OZE "WALFICW.			7. Lease Name or	Unit Agreement Name:
PROPOSALS.) 1. Type of Well:	The state of the s			
Oil Well Gas Well	Other	29201100 Told	5,16	
2. Name of Operator		ACCOUNT OF THE PARTY OF THE PAR	8. Well No.	T'N.
El PamCo., Inc. 3. Address of Operator		·		5
P.O. Box 14738, Albuc	uerque, New Mexico	87191	9. Pool name or AZtec Pictu	red Cliff/Aztec O('
	030 Nor	th 1	Fruitland S	Sand
Unit Letter:	.030 feet from the	line and	feet from	East the line
Section 30	Township 29N	n 10W		a + 1
	10. Elevation (Show whether	Range 10W	NMPM	County San Juan
			6.50	
11. Check App	propriate Box to Indicate	Nature of Notice,	Report or Other D	ata
NOTICE OF INTI	EN 11, NV 1(1)	SUB	SEQUENT REP	ORT OF:
	LOG AND ABANDON	REMEDIAL WOR	K	ALTERING CASING
TEMPORARILY ABANDON (CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE	CASING TEST A		ABANDONMENT
	COMPLETION	CEMENT JOB		
OTHER: DISCONNECT SULLIV	AN 5	OTHER:		
12. Describe proposed or complete	d operations (Classic and		id give national data	
of starting any proposed work). Sor recompilation.	SEE RULE 1103. For Multip	ole Completions: Attac	th wellbore diagram of	f proposed completion
Upon successful compl	letion and producti	on of the McDa	niel $\#1$, we wi	lll subm it
plans to disconnect the Sullivan #5. Production from the Sullivan 5 is currently suspended due to high line pressures and the lack of production.				
outpended to	ide to might fille bi	essures and th	e lack of proc	luction.
I hereby certify that the information a	bove is true and complete to	the best of my knowled	lge and belief	······································
SIGNATURE WILL		LEVice Presid		anager _DATE_ <i>_/0//0/0</i> /
Type or print name William	J.			
(This space for State use)	TOVE TO STATE OF	****		one No. 505-296-530
Original Signas by a APPPROVED BY	•	SAS SAS	increction part an	07 1 0 200
Conditions of approval, if any:	TITL	E		DATE