Submit 3 Copies To Appropriate District Office	State of New Mex		Form (Revised March 2	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natura	al Resources WELL	1. API NO. 45-307	- 9
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION	IN SUN 2	dicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South P		STATE THE STATE	
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Fe, Nic 75	000 OCT 2001 6575	tate Oil & Gas Lease No.	
SUNDRY NOTI	<u> </u>		ease Name or Unit Agreemen	t Name:
OO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DEEPEN OF PLU- CATION FOR PERMIT" (FORM C-) T FOI			
PROPOSALS.)			MCOANIEL	
1. Type of Well: Oil Well Gas Well	Other	\$1181 CI DI DI		
2. Name of Operator ELPAMCO, I	NC	8. 1	Well No. /	
3. Address of Operator		9. 1	Pool name or Wildcat	FA 67 4.44
90 BOX 14738 4. Well Location	ALBUQUEAQUE, NH	4 8 /191 AZTO	EC PICTURED CLIFFS /	SANC
	OIO CO A MARTI	15 mars 19 A 5	- cc	- line
	80 feet from the HORTI			
Section 3D	Township 29 N Ra 10. Elevation (Show whether Di		PM County SAN	JUAH
	5485 GR			
	Appropriate Box to Indicate Na	ture of Notice, Repor	t or Other Data	
NOTICE OF IN	ITENTION TO:] PLUG AND ABANDON []	REMEDIAL WORK	UENT REPORT OF: ALTERING CAS	SING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND	ABANDONMEN	N1 —
	COMPLETION	CEMENT JOB		
OTHER:	Set 3	OTHER:	portinent datas, including acti	moted date
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompilation.				
SPUD WELL AT I	145 Am ON 9/27/01	. DRILLED 87	4" hole to 139",	KB.
DAN 2 TO DE 7" 20# J-55 COUNG PASING LANDED AT 133" KB.				
DOMESTER IN THE 65 SX OF CLASS B CEMENT CONTAINING 2% CACK				
AND Y4#/SK CELLO FLAKES. CIRCULATED 4 bbls CEMENT to SURFACE,				
THE TY / SK CERED TETROS.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE William	1 marker TITLE	Vice thes	date_ <i>9/</i>	30/01
Type or print name WilliA			Telephone No. 505	5-24-5508
(This space for State use)		247 M 2 640	INSPECTOR, DIST. ACT -	2001
APPPROVED BY	TITLE		DATE	
Conditions of approval, if any:				