Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OH CONCEDUATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088					WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, N	M 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Ty	5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410					6. State Oil 8	: Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (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 Nam	7. Lease Name of Unit Agreement Name		
1. Type of Well: Off. WELL	OVS X	опна.			Wall	er MAY22	'38 9	
2 Name of Operator Southland R	oyalty Co					100 L CON		
	, Farmingto	n, NM 8749	9			or Wildow DiSI. Fruitland		
4. Well Location Unit Letter	: 815 Feet	From The Sou	ıth	Line and	210 Feet 1	From The West	Line	
Section	11 Tow	vanhip 32N	Rang	11W F, RKB, RT, GR, etc.)	NMPM S	an juan	County	
		6447 ' G	L	·				
11. NOTIC	Check Approp E OF INTENTIC	priate Box to Indi ON TO:	icate N	-	•	her Data FREPORT OF:		
PERFORM REMEDIAL WO	ORK DPL	UG AND ABANDON		REMEDIAL WORK		ALTERING CASIN	IG	
TEMPORARILY ABANDON	4 🗌 CH	HANGE PLANS		COMMENCE DRILL	NG OPNS.	PLUG AND ABAN	DONMENT	
PULL OR ALTER CASING				CASING TEST AND	CEMENT JOB			
OTHER:				OTHER:			🗆	
12. Describe Proposed or Co work) SEE RULE 1103		arly state all pertinent d	etails, and	give pertinent dates, in	cluding estimated de	ate of starting any propos	ed	
05-16-89	jts. 9 5/8 Cemented w 3% calcium	8 ", 36.0#, A vith 150 sks	K-55 s. Cl (177	surface ca ass "B" wi cu.ft.) ci	sing set th 1/4#/s rculated	to 250'. R at 250'. k. gel-flak to surface:	e and	
05~19~89	2855' set with 6% ge cu.ft.) fo	@ 2868'. (el, 2% calciollowed by 1 (118 cu.ft.)	Cemen ium c 100 s	ted with 3 hloride, l ks. Class	90 sks. C /2 cu.ft. "B" with	mediate cas lass "B" 65 perlite/sx 2% calcium 12 hours: H	/35 (784	
I hereby certify that the inform	X	_	iedge and be	lief.				
SIGNATURE SEGMENT	What h	uld	mu	Regulato	ory Affai:	CS DATE 5-22-	-89	
TYPE OR FRINT NAME		- ·				TELEPHONE NO.		
(This space for State Use) Origino	al Signed by FRANK	T. CHAVEZ	mu		R DISTRICT ## 8	DATE	21-1202	
CONDITIONS OF AFFROVAL, IF	ANY:							