	State of New Mexico	
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		Revised March 25, 1999 WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION		30-0Z5-079V5
District III 2040 South Pachaco		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410  District IV  Santa Fe, NM 87505		STATE FEE
2040 South Pacheco, Santa Fe, NM 87505	20.00	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(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.)  1. Type of Well:		7. Icase Name of Olit Agreement Name:
Oil Well Gas Well Other		
2. Name of Operator		8. Well No.
2 Address of Country		1 7
3. Address of Operator 70. Box 11150, Midland, TV 79707,		9. Pool name or Wildcat
4. Well Location		Hobo, E. (Say Antes)
Unit Letter : 330 feet from the North line and 330 feet from the North line		
Section 37 Township 85 Range 39 NMPM County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		
11 Check Appropriate Production 11 Check Appropriate Productin 11 Check Appropriate Production 11 Check Appropriate Production		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WOR	SEQUENT REPORT OF:
<del></del>	NEMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON ☑ CHANGE PLANS ☐	COMMENCE DRI	LLING OPNS. PLUG AND
PULL OR ALTER CASING  MULTIPLE  COMPLETION	CASING TEST AN	ABANDONMENT C
OTHER:	OTHER:	П
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.		
1) RU WIRELINE MAST TRUCK. SET 51/2" CIBPAT 4100! Cap CIBP		
W/10' CMT. RD WIRELINE.		
Z) Lord Hote W/PRODUCED WITK. TRESSURE TEST CASHY TO SOOPSI		
FOR 30 MINUTES IF CK, LEAVE WELL ST		
DESIRE TO COMMENCE WORK ON REFORE SLOSPOZ.		
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I hereby certify that the information above is true and complete to the	e best of my knowledg	e and halief
SIGNATURE	ENGNEER	DATE 1/11/02
Type or print name CHEISTOPHER TO KENNIG		Telephone No. 915 6853116
(This space for State use)		Ollected Cilk our annuface
APPPROVED BY TITLE		
Conditions of approval, if any:		DATE JAN 1 5 2002
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