| NO. OF COPIES RECEIVED | | Form C-103 |
|--------------------------------------|---|---|
| DISTRIBUTION | 7.505.05.0 | S I 011 |
| SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION | C-102 and C-103 |
| FILE | | |
| U.S.G.S. | APR 6 10 03 A | 5a. Indicate Type of Lease |
| LAND OFFICE | | - Indicate 17 pe of Leage |
| OPERATOR | + | |
| or Environ | | 5. State Oil & Gas Lease No. |
| | | |
| SL (DO NOT USE THIS FORM F | JNDRY NOTICES AND REPORTS ON WELLS OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOI PLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | |
| USE "AP. | PLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | *. (|
| OIL GAS WELL WELL | 7 | 7. Unit Agreement Name |
| 2. Name of Operator | OTHER. | |
| 2. Name of Operator | | 8. Farm or Lease Name |
| 2 Add | | . * |
| 3. Address of Operator | | 9. Well No. |
| | | 47 |
| 4. Location of Well | | 10. Field and Pool, or Wildcat |
| UNIT LETTERP | 660 FEET FROM THE East LINE AND 660 | |
| | | FEET FROM |
| THE South | SECTION 16 TOWNSHIP 19-S RANGE 37-E | |
| | TOWNSHIP RANGE | имрм. (()) |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| | | 12. County |
| 16. | Appropriate Par T. I. I' | |
| NOTICE | eck Appropriate Box To Indicate Nature of Notice, Repo | rt or Other Data |
| NOTICE | SUBS | EQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | | |
| | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPHS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOE | |
| OTHER | OTHER | |
| OTHER | | |
| 17. Describe Proposed or Complet | ed Operations (Clearly state all pertinent details, and give pertinent dates, | |
| work) SEE RULE 1103. | , and give pertinent dates, | including estimated date of starting any proposed |
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| 8. I hereby certify that the informa | tion above is true and complete to the best of my knowledge and belief. | |
| Original Si | gned Sy | |
| G. L. W. | ADE | |
| | TITLE | DATE |
| Ĵ | | |

CONDITIONS OF APPROVAL, IF ANY: