State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u> P O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505				V/ELL API NO 30-025-08813			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					sIndicate Type of Lease			
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec. NM 87410					6State Oil & Gas Lease	STATE X	FEE	
SUNDRY NOT	TICES AND REPOR	TS ON WEI	LLS					
(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)					-Lease Name or Unit Agreement Name LH Day			
Type of Well OIL GAS WELL WELL	GAS							
Name of Operator Ralph C. Bruton					₃\Vell No. 1			
Address of Operator					₃Pool name or Wildcat JalMat;Tan-Yates-7 RVRS (oil)			
4Well Location		Most		1090		0	-	
Unit Letter L : 851	Feet From The	West	Line and	1980	Feet From The	South	Line	
Section 6	Townsh p		Range	36-E	NMPM	Lea	County	
□ Elevation (Show whether DF, RKB, RT, GR. etc.)						ļ		
11 Check A	ppropriate Box to	Indicate N	ature of No	tice. Re	port, or Other D	ata	* * * * * * * * * * * * * * * * * * * *	
	NTENTION TO:		1		SEQUENT RE			
PERFORM REMEDIAL WORK PLUG AND ABANDON X REMEDIAL				EDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	COMMENCE	COMMENCE DRILLING OPN'S. PLUG AND ANBANDONMENT						
PULL OR ALTER CASING CASING T				ASING TEST AND CEMENT JOB				
OTHER: OTHER:								
12Describe Proposed or Completed Operation work) SEE RULE 1103.	ins (Clearly state all pertinen	t details, and giv	e pertinent dates	, including es	timated date of starting a	any proposed		
8 5/8 @ 352' CMT Circ. 5 1/2 @	3863' TOC @ 3000' (Cal. Perfs @	3776-3806					
Plug # 1 Spot sks of cement (Circ. well w/ 9.5# M.L.F	@ 3750' woc & tag <i>G</i>	bore 32	જ '					
Plug # 2 Spot 35 sks of cement Plug # 3 Spot 40 sks 402'-302' p	@ 1745' perf & sqz							
Plug # 4 Spot 30' surface plug Cut off well head & anch	nors 3' BGL Install Dr	/ Hole Marke	er		*			
					-rn	. 0		
				tion of the	DCD Horbs	LL		
					.			
I hereby certify that the information above is	s true and complete to the be	est of my knowle	dge and belief.					

TITLE Agent

(This space for State Use)

TYPE OR PRINT NAME Jack Shelton

CONDITIONS OF APPROVAL IF ANY

SIGNATURE

APPROVED BY

ORIGINAL SIGNED BY GARY W. WINK

OC FIELD REPRESENTATIVE HACTAGE MANAGEDILE

DATE 02-21-03

TELEPHONE NO. 915-523-5155