

DISTRICT I
P.O. Box 1984, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-27081	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name WOOLWORTH ESTATE SWD	
8. Well No.	1
9. Pool name or Wildcat	

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DISPOSAL WELL
2. Name of Operator SID RICHARDSON
3. Address of Operator
4. Well Location Unit Letter E : 1570 Feet From The NORTH Line and 800 Feet From The WEST Line Section 33 Township 24-S Range 37-E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: REPAIR, TEST, AND OPERATION <input checked="" type="checkbox"/>	

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.

REPAIRED WELL BY PULLING AND REPLACING BAD TUBING AND PACKER.
TESTED WELL AND PUT BACK IN SERVICE. SEE ATTACHED FOR DETAIL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Maness TITLE PLANT MANAGER DATE 2/9/2001
TYPE OR PRINT NAME DAVID MANESS TELEPHONE NO. (505) 395-2068

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY. Need chart for pressure test after workover

COUNTY: LEA, NEW MEXICO

LEASE:	WOOLWORTH ESTATE	WELL:	1-E SMD	TOTAL DEPTH:	(SOFT)	DATE OF INSTALLATION:	02-06-01
				PBTD-4657'			

DEPTHS ARE SHOWN FROM: RKB - UNKNOWN PERFS: 4440' - 4562' (SAN ANDRES) 8 5/8" 8RD LARKIN

[illegible]

REMARKS:

REPORTED BY: JIM ROBINSON

1ac **DATE:** 02-06-01

