State of New Mexico Energy, Minerals And Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICTT			2040 Pach	eco St.				
P.O. Box 1980, Hobbs, NM 88	3240	San	ta Fe, N	IM 87505				
DISTRICT II	,				WELL API N	iO.		
P.O. Drawer DD, Artesia, NM	88210					300-003-200	122	
DISTRICT III					5. Indicate Type	·		
					J. Indicate 1) pe		V	П
1000 Rio Brazos Rd., Aztec, N	IM 8/410					State	X Fee	Ц_
					6. State Oil & G	as Lease No.		
SUNE	DRY NOTICES AN	ID REPORTS	ON WELL	.S	***************************************	164557		
(DO NOT USE THIS FOR	M FOR PROPOSALS	TO DRILL OR TO	DEEPEN O	R PLUG BACK TO A				
DIFFERI	ENT RESERVOIR. US	E "APPLICATION	I FOR PERM	1i⊤"	7. Lease Name o	r Unit Agrement	Name	
	(FORM C-101) FOR	SUCH PROPOS	ALS.)					
1. Type of Well					Cottonwo	od Canyon Unit		
Oil	Gas				300000000	ou oun, on one		
We :	Well 😥		Other	Co2				
2. Name of Operator					8. Well No.			
2. Italie of Operator	R	idgeway AZ Oil C	orp		0. 110.	1		
2.4.11			<u> </u>		0.0.137			
3. Address of Operator P.O. Box 1110 St. Johns, AZ. 85936					9. Pool Name or Wildcat			
	F.O. BO	(1110 St. Johns, 1	AZ. 03930		<u> </u>			
4. Well Location								
Unit Letter D	6	60 Feet From The	North	Line and		660 Feet From	The We	st

Section	36 Township	1s	Range	21W	N	MPM Catron		County
		10. Elevation (S	how Wheither L	OF, RKB, RT, GR,etc.)				
				7548 GL				
Check Appropriate Box to Indicate Nature of Notice, Re NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO					BSEQUEN	IT REPOR	RT OF: ERING CA	
TEMPORARILY ABANDON		CHANGE PLAN	ıs 🗌	COMMENCE D	RILLING OPNS			
PULL OR ALTER CASING				CASING TEST	AND CEMENT	JOB 🗍		
OTHER: Cha	inge well Name		X	OTHER:				
12. Describe Proposed or Comwork) SEE RULE 1103	pleted Operations (<i>Clearl</i>	y state all pertinent deta	tils, and give per	tinet dates, including estimat	ed date of starting an	v proposed		
Ohan Mallanas from Co.	.th Ct-t- 2C 1 t- C-tt-	- \A(C	44					
Change Well name from Sou	ith State 36-1 to Cotto	n vvood Canyon #	A					
					*			
	~ ~ ~							
I hereby certify that the inf	formation above is true	and complete to the	best of my kn	owledge and belief.		· · · · · · · · · · · · · · · · · · ·		
1 7/1/	formation above is true	and complete to the	•		tion Marsas	DATE		2/7/00
I hereby certify that the inf	formation above is true	and complete to the	best of my kn		tion Manager	DATI	E	2/7/00
SIGNATURE ///www	formation above is true		TITL		tion Manager	· .		
1 7/1/	formation above is true	and complete to the	TITL		tion Manager	DAT) TELEPHO		2/7/00

TITLE DISTRICT SUPERVISORDATE 2/11/00