## State of New Mexico als and Natural Resources Department Energy, M

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

	WELL A	PI NO.			 	
Į	20	A2 E	2452	1		

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		C - E M M		7504 2000	30-023-243	221		
		Santa Fe, New Mexico 87504-2088		37504-2088	5. Indicate Type of	Lease	XX FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NN	1 87410				6. State Oil & Gas Lease No.  K-3662			
	,				N-3002			
( DO NOT USE THIS FORM DIFFEREN	FOR PROPOSA NT RESERVOIR.	AND REPORTS ON V LS TO DRILL OR TO DEE USE "APPLICATION FOR OR SUCH PROPOSALS.)	PEN (	OR PLUG BACK TO A	7. Lease Name or U	Init Agreement N	ame	
1. Type of Well:	GAS WELL	OTHER		017	<u>.</u>	Jnion St	ate	
2. Name of Operator	WEIL	OTHER		011	8. Well No.	· · · · · · · · · · · · · · · · · · ·		
E1k 011 C	omnany				1		1	
3. Address of Operator				· · · · · · · · · · · · · · · · · · ·	9. Pool name or Wi			
P.O. Box	310 Roswe	ell N.M			Mor'	ton Perm	<u>no Penn</u> Norti	
4. Well Location Unit LetterN	: <u>1650</u> F	eet From The Wes	t	Line and	330 Feet From	The Soutr	Line	
Section 25	<b>T</b> -	ownship 14S	Ran	ge 34E	NMPM	Lea	l County	
		10. Elevation (Show who	ether L	OF, RKB, RT, GR, etc.)				
		4076.5 GI				<u> </u>		
11.	Check Appro	opriate Box to Indica	ate N	lature of Notice, Ro	eport, or Other	Data	_	
NOTICE	OF INTENT	TION TO:	1	SUB	SEQUENT R	EPORT OF	<del>-</del> ;	
PERFORM REMEDIAL WORK	, 🔲 ı	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CAS		
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND AB	ANDONMENT TX	
PULL OR ALTER CASING		_		CASING TEST AND CE	MENT JOB			
OTHER:				OTHER:				
11-12- 91	Set CIBP Pull 700 Spot 35 Spot 35 Spot 40 Pulled 6 Spot 90 Spot 40  Instal Hole co	@ 9700' and 0; of 4 1/2" sxs @ 7050' - sxs @ 6000' - sxs @ 4550' - 40' of 8 5/8" sxs @ 428'-31 sxs @ 100' to do to the circulated with cleaned and ready	dum cas 692 590 443 3 to surke th 1	np 35' cement sing 2' tagged 00' 31' tagged cagged urface er 10# mud inspection.		starting any prof	iosed	
I hereby certify that the information	a above is true and or	omplete to the best of my knowled	ige and			1	1/10/02	
SIGNATURE	* /		<u> </u>	LE President		DATE	1/10/92	
TYPE OR PRINT NAME	Jose	ph J. Kelly				TELEPHONE I	wo. <u>505/623-3</u> 190	
(This space for State Use)	i W.L.	rf	<b> m</b>		IS INSPEC	2 (_15" DATE	NOV 17'92	
CONDITIONS OF AFFROVAL, IF AN								
CONDITIONS OF VILLEN A VIT BANK								