Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Enc., Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 Santa Fe. New Mexico, 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE X  6. State Oil & Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	ОТНЕЯ		gi_ o _ p _ ;
2. Name of Operator	OTHER '		Carrie O. Davis
Hillin-Simon Oil	Company		1
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 1552 MIDLAND, TX 79702			Hobbs East San Andres
Unit Letter N : 660 Feet From The South Line and 2103 Feet From The West Line			
Section 29 Township 18 South Range 39 East 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 IN			SEQUENT REPORT OF:
NOTICE OF IN	TENTION TO.	3003	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING		OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE		MENT JOB	
OTHER: Bradenhead Test	x	OTHER:	
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.			
6-15-90 Dug out Cellar. Replace & repaired valves & 2" lines off bradenhead.			
Tested as follows: 0# on bradenhead, 0# on tbg & 0# on			
casing. Test wittnessed by Ray Smith with the NMOGCD.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Storpey	115 4	E Drlg & Prod	1 Cupt ( 20 00
SIGNATURE	m m	r min w broo	Supt DATE 6-20-90 915/
TYPEOR PRINT NAME Stephen D.	Smith		TELEPHONE NE.82-2202
(This space for State Use)	1) (	IL & GAS INS	SPECTOR JUN 2 5 1990
APPROVED BY MUNICIPALITY	temal m	E	DATE