Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

MAY 9 1990

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088			30-025-30854
P.O. Drawer DD, Artesia, NM 88210	Dania 1 C, 14CW MEXIC	3 67304-2088	5. Indicate Type of Lease STATE FEE XX
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTION	CES AND REPORTS ON WE	ELLS	
(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 XX WELL	OTHER		Carter
2. Name of Operator			8. Well No.
Petroleum Technical S 3. Address of Operator	ervices Company		1
•	treet, Suite 210, Mid	land, Texas 79705	9. Pool name or Wildcat Wildcat
	60 Feet From TheEast	Line and1,98	O Feet From The South Line
Section 30	Township 19-S R	lange 39-E N	NMPM Lea County
	10. Elevation (Show whether		WIFTY DOCUMENT
<i>([[]]]</i>		ground level	<u> </u>
	appropriate Box to Indicate	Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS XX	COMMENCE DRILLING	OPNS. XX PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEN		MENT JOB	
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, a	nd give pertinent dates, includi	ing estimated date of starting any proposed
J-55, STC casing @ Class "C" + 1/4# ff test casing, head, 2) Drilled out cement water mud @04-27-90 3) Original total dept	l,740'. Cemented w/55 locele/sx., & 2% CaCl ₂ & BOP to 1,000 psi fo and shoe, & drilled 7	O sxs. HLW + 1/4 . Cement circulor 30 mins., held -7/8" hole to 7, for 7-7/8" hole	600', using brine water & salt
I hereby certify that the information above is true a SIGNATURE		belie f. Owner/Operato:	PATE 04-30-90
TYPEOR PRINT NAME DON C. Benne			(915) TELEPHONE NO. 684–6603
This space for State UKIGINAL SIGNED B			MAY PT 0 4000

TITLE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY --

DISTRICT I SUPERVISOR