Submit 3 Copies To Appropriate District 10	111272 State of No	w Movico	Form C-103
Office A Energy-Minerals and Natural Pasources			Revised March 25, 1999
1625 N French Dr. Hobbs NM 98240			WELL API NO.
District II 1301 W. Grand Ave., Artesia 3M 88210 EB 2003IL CONSERVATION DIVISION			30-015-02305
District III PECELVED 1228 South St. Francis Dr			5. Indicate Type of Lease STATE ☑ FEE □
1000 Rio Brazos Rd., Aztec, MM 87410 CD - ARTESIA Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe SiM			19055
SUNDRY NO REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			0 - 1 '
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			CARoline
1. Type of Well:			
Oil Well Gas Well Other 2. Name of Operator			8. Well No. 1
H. Dwane Parrish Jiz			
3. Address of Operator			9. Pool name or Wildcat
			East Millman 72, ved
Unit Letter : 330 feet from the NORTH line and 1650 feet from the West line			
Section 28 Township 19 5 Range 28 5 NMPM 15dd-/ County			
Section 28 Township 19 5 Range 28 E NMPM Eddy County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
10. Elevation (Snow whether DR, RRB, R1, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN		_	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K ☑ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS] COMMENCE DR	
PULL OR ALTER CASING	MULTIPLE [CASING TEST A	ABANDONMENT
PULL OR ALTER CASING	COMPLETION	CEMENT JOB	1D
OTHER:		OTHER:	
			ve pertinent dates including estimated date of
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. For Multiple Completions: Attach wellbore diagram of proposed completion or			
recompilation.			
RAN tubing, pump reads in hole			
into the set pump jack put on line			
This well makes 1 BOPD			
		_	·
~	\wedge	CHOCED	
I hereby certify that the information above is true and complete to the less of my knowledge and belief.			
		TOTAL	
SIGNATURE/ SE Mente	Ane PAMISS	LE gwner	DATE <u> </u>
Type or print name 1-) D W	Ane TAMISH &	JR	Telephone No. 746 465/
(This space for State use)			1
A DDDD OVED DV	grant	Б	DATE
APPPROVED BY Conditions of approval, if any:	TITI	_E	DATE