District of the District of th		with the first processes	i 0im 0-103	
DESTRICTION SANTA FR. N.M. \$200 8 910 SANTA FR	District Office	Enacy, Minerals and Natural Resources Department	Revised March 25, 1999	
DSTRICT! Santa Fe, Not \$3608 9 70 Sunday Francis Ra. Arme. Not \$7410 Sunday Notices And Reports Notices and Reports Notice Feel Notice. Report of Notice Reports Notices. The Notices of Notices and Reports Notices. The Notices of Notices and Reports Notices. Report of Other Section 15 Township 215 Range 27 F Note Section 15 Notice Of Notices of Notices of Notices. Report of Other Data Notices. Report of Other Data Notices. Report of Notices of Notices. Report of Other Data Notices. Report of Notices. Report of Notices. Report of Other Data Notices. Report of Not		GLL CONSERVATION DIVISION		
SILL PLANT STATE S			70	
DISTRICTION TO TO REPORT SAND REPORTS NO WHILE FEED SUNDRY NOTICES AND REPORTS NO WHILE FEED SUNDRY NOTICES AND REPORTS NO WHILE FEED SUNDRY NOTICES AND REPORTS NO WHILE FEED SUNDRY NOTICES THIS FORM FOR FROM SAIS TO DEALL OR TO DISPERIOUS FEED SHEEK ON IT. Leas Name or Unit Agreement Name: DOI NOT USE THIS FORM FOR FROM SAIS TO DEALL OR TO DISPERIOUS FEED SHEEK ON THE SAIS THE SAIS TO DEALL OR TO DISPERIOUS FEED SHEEK ON THE SAIS TO DEALL OR TO DISPERIOUS FEED SHEEK ON THE SAIS TH	811 South First, Artesia NM 88210	Santa Pe, NN 193905 7077		
SUNDRY NOTICES AND REPORTSON WHILERED (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DRIPFOLYDE PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (PORTSON, 20) FOR DUCK PROPOSALS OF THE CONTROL OF T		Mar on o	6. State Oil & Gas Lease No.	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (PORNEC-10) FOR SUCH PROPOSALS 1. Type of Well: Oil Well G Gas Well Other 2. Name of Operator Det Taylor 3. Address of Operator 1/40.3 W. E. DOWARDS CARISHADA, N.M. 88220 4. Well Location Unit letter O 990' feet from the South line and 2310 feet from the East line Section 15 Township 2/5 Range 27 F NMPM Eddy County Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ABANDON PULLOR ALTER CASING MULTIPLE COMPLETION OTHER: Temporary Abandon Completion Completions. Abash wellbore diagram of proposed completion or recompletion. Well #7 has 6 & Casing to 196 from the Surface, 28 below the Bottom of the Cobing this determination recompletion for the Surface, 28 below the Bottom of the Cobing this determination requested by Mr. Tim Gun Temporary Abandon ment status is requested for the Well As discussed with Mr. Tim Garm Time Garm Type or prim name Office Taylor Telephone No. 858 7 2570	SUNDRY NOTIC	ES AND REPORTSON WIRTOER/ED		
Dilye of Well College	(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEPENDENCE MORACIOTO A CO		
2. Name of Operator Del Taylor 3. Address of Operator A Well Location Unit letter O: 990' feet from the South line and 2310 feet from the Estst line Section 15 Township 215 Range 27 F NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Elevation (Show whether DF, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CASING EST AND CEMENT JOB CASING TEST AND CEMENT JOB CASING TEST AND CEMENT JOB CASING TEST AND CEMENT JOB COMPLETION OTHER: Temporary Abandon Completions: Attach wellbore diagram of proposed completion or recompletion. Well 47 has 68 Casing to 196 from the Sarface Subsequent Temporary Abandon Completions: Attach wellbore diagram of proposed completion or recompletion. Well 40 has 68 Casing to 196 from the Sarface Subsequent Temporary Abandon Completions: Attach wellbore diagram of proposed completion or recompletion. Well 40 has 68 Casing to 196 from the Sarface Subsequent Temporary Abandon Completion of the Sarface Subsequent Temporary Abandon Completion of the Sarface Subsequent Temporary Abandon Complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the information above is true and complete to the best of my knowledge and belief. Thereby certify that the infor	1. Type of Well:	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EXXON STATE	
Del Taylor 3. Address of Operator 4. Well Location Unit letter O 990' feet from the South line and R310 feet from the Enst line Section 15 Township 215 Range 27 F NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 23 Y Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CASING ALTERING CASING ALTERING CASING ALTERING CASING ALTERING CASING ALTERING CASING ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMPLETION OTHER: Temporary Abandon Multiple Completions: Attach wellbore diagram of proposed completion or recompleted 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 recompletion. Well 7 has 6 % CASING to 196 from the Sur Sac e Details 2000 the well was checked to Determin the Static Level to Be 224 from the Sur Sac e Details 2000 the well was checked to Determin the Static Level to Be 224 from the Sur Sac e, 28 below the Bottom of the Casing; this determination requested for the well As discussed with Mr. Tim Gardy. Temporary Abandonment status is requested for the well As discussed with Mr. Tim Gardy. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE As Taylor Telephone No. 859 25702 Telephone No. 859 25702		J Other Sylvering	9 . Wall No	
3. Address of Operator 1/403 W. EOWARDS CARISDAY, N.M. B8220 9. Pool name or Wildest 1/403 W. EOWARDS CARISDAY, N.M. B8220 9. Pool name or Wildest 1/403 W. EOWARDS CARISDAY, N.M. B8220 1. Well Location Unit letter O 990' feet from the South line and 23/0 feet from the Enst line Section 15 Township 2/5 Range 27 F NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 28 9 Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDON CASING TEST AND CEMENT JOB TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG ABANDONMENT CASING TEST AND CEMENT JOB OTHER: Temporary Abandon OTHER: Temporary Abandon Well # 7 has 6 % Casing to 1966' from the Surface B223 2000 the well was checked to Determin the Static Level to Be 224' from the Surface, 28' below the Bottom of the Casing; this determination above is true and complete to the best of my knowledge and belief. The porary Abandon above is true and complete to the best of my knowledge and belief. The operator DATE Who are to the post of the Well As discussed with Mr. Tim Gara. Thereby certify that the information above is true and complete to the best of my knowledge and belief. The operator DATE Who are telephone No. 889 25000 Thereby certify that the information above is true and complete to the best of my knowledge and belief. The operator DATE Who are telephone No. 889 25000 Thereby certify that the information above is true and complete to the best of my knowledge and belief. The operator DATE Who are telephone No. 889 25000 Thereby certify that the information above is true and complete to the best of my knowledge and belief. The operator DATE Who are the first true and complete to the best of my knowledge and belief. The operator DATE Who are the first true and complete to the best of my knowledge and belief. The operator DATE Who are the first true and comp	Del TAYlor			
Unit letter O : 990' feet from the South line and 2310 feet from the Enst line Section 15 Township 215 Range 27 F NMPM Eddy County 10. Elevation (Show whether DF, RRB, RT, GR, etc.) 224	3. Address of Operator 1403 W. FOWARDS	Coolehad N. A. Coole		
Section 15 Township 215 Range 27 F NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDON ABANDON ABANDON CASING TEST AND CEMENT JOB COMPLETION OTHER: Temporary Abandon Completed operations. (Clearly state all perinent 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 recompletion. Well to the well was checked to Determine the Startice Level to Be 224 from the Surface, 28 below the Bottom of the CABING; this determination regarded by Mr. Tim Gun. Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gunt. Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gunt. Temporary Abandonment status is requested for the well starting and the complete to the best of my knowledge and belief. SIGNATURE Abandon. Type or print name DEL Taylor Telephone No. 889 22500. Telephone No. 889 22500.	4. Well Location	(4KISDA4, 10, M. 88220	MAGNIDEN JAtes	
Section 15 Township 215 Range 27 F NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDON ABANDON ABANDON CASING TEST AND CEMENT JOB COMPLETION OTHER: Temporary Abandon Completed operations. (Clearly state all perinent 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 recompletion. Well to the well was checked to Determine the Startice Level to Be 224 from the Surface, 28 below the Bottom of the CABING; this determination regarded by Mr. Tim Gun. Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gunt. Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gunt. Temporary Abandonment status is requested for the well starting and the complete to the best of my knowledge and belief. SIGNATURE Abandon. Type or print name DEL Taylor Telephone No. 889 22500. Telephone No. 889 22500.	Unit letter 0: 990' Feet from the SOUTH line and 2316 Sans at 5.40			
County C		internal of the state of the st		
Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB OTHER: Temporary Hoandow 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. For Multiple Completions: Attack wellbore diagram of proposed completion or recompletion. Well # 7 has 6 % Casing to 196 from the surface Sept 8, 2000 the well was checked to Determin the Static Level to Be 224 from the surface, 28 below the Bottom of the Casing; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gamm is requested for the well As discussed with Mr. Tim Gamm Date Major Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE La James DEL Taylor Telephone No. 889 2500	Section /5	Township 2/5 Range 27 F	NMPM Eddy County	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB OTHER: Temporary Abandon 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well # 7 has 6 % Casing to 196 from the Surface Extra 28, 2000 the well was checked to Determin the Static Level to Be 224 from the Surface, 28 below the Bottom of the Casing; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well As discussed with Mr. Tim Gun. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE La Jaylor Type or print name DEL Taylor Telephone No. 889 2 2500	The compared of the control of the control	3284		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT ABANDONMENT ABANDONMENT CASING TEST AND CEMENT JOB ABANDONMENT CASING TEST AND CEMENT JOB OTHER: Temporary Abandon Mother Completions: Attach wellbore diagram of proposed completion or recompletion. Well # 7 has 6 % Casing to 196 from the surface Wellow the safe of starting any proposed work). SEE RULE 1103. For multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well # 7 has 6 % Casing to 196 from the surface Extra 2000 the well was checked to Determin the static Level to Be 224 from the surface, 28 below the Bottom of the Cabing; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well As discussed with Mr. Tim Gunt. Temporary Abandonment of the surface of the well As discussed with Mr. Tim Gunt. The person Date Major Type or print name DEL Taylor Telephone No. 889 72570	Che			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE CASING TEST AND CEMENT JOB OTHER: Temporary Abandon 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well # 7 has 6 % Casing to 196 from the surface Level to Be 224 from the surface, 28 below the Bottom of the Casing; this determination regarded by Mr. Tim Gun Temporary Abandonment status is requested for the well As discussed with Mr. Tim Gunt. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Database TITLE Operator DATE 1/4/ov Telephone No. 859 2570	NOTICE OF INT	302		
PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB OTHER: Jemporary Abandon 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well # 7 has 6 % Casing to 196 from the surface Level to Be 224 from the surface, 28 below the Bottom of the Casing; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gun. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Laylor DATE 1/4/00 Telephone No. 889 2570	_	_	· -	
OTHER: Temporary Abandon OTHER: OTHER: Temporary Abandon OTHER: OTHER: OTHER:			ABANDONMENT 🗆	
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 recompletion. Well # 7 has 6% casing to 196 from the surface Level to Be 224 from the surface, 28 below the Bottom of the casing; this determination requested by Mr. Tim Gun Temporary Abandowment status is requested for the well as discussed with Mr. Tim Gun. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Signature DATE 1/4/00 Telephone No. 859 2570			EMENT JOB [
Well # 7 has 6 % casing to 196 from the surface Sept 28, 2000 the well was checked to Determin the static Level to Be 224 from the surface, 28 below the Bottom of the casing; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gun. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Surface Title Operation Telephone No. 889 2570	OTHER: TEMPORARY	4 bandon 💆 OTHER:		
Well # 7 has 6 % casing to 196' from the surface Sept 28, 2000 the well was checked to Determin the static Level to Be 224' from the surface, 28' below the Bottom of the casing; this determination rejected by Mr. Tim Gun Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gam. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Surface Title Operator DATE 11/4/00 Telephone No. 889 2570	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 recompletion.			
Level to Be 224' from the surface, 28' below the Bottom of the CASING; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gunt. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Sal Jaylor Title Operator DATE 11/4/00 Telephone No. 88972570				
Level to be 224 from the surface, 28 below the Bottom of the CABING; this determination requested by Mr. Tim Gun Temporary Abandonment status is requested for the well as discussed with Mr. Tim Gun. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE DATE 1/4/00 Type or print name DEL TAY/or Telephone No. 889 2570				
Temporary Abandonment status is requested by Mr. Tim Gun As discussed with Mr. Tim Gum. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Sal Jano Type or print name DEL Taylor Telephone No. 889 2570				
Temporary Abandonment status is requested for the well As discussed with Mr. Tim Garm. Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Type or print name DEL Taylor Telephone No. 889 2570	of the CASING; this determination rejuested by Mr. Tim Gun			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Support TITLE Operator DATE 1/4/00 Type or print name DEL TAY/Or (This space for State use)	r	C		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Support TITLE Operator DATE 1/4/00 Type or print name DEL TAY/Or (This space for State use)	4.	1		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Support TITLE Operator DATE 1/4/00 Type or print name DEL TAY/Or (This space for State use)	Temporary A	bandorment status is re	quested for the well	
Type or print name DEL TAYLOR Title Operator Telephone No. 889 2570	AS discuss	ed with Mr. Tim Gam. Town	Topporary //	
SIGNATURE Salar TITLE Operation Type or print name DEL TAYlor (This space for State use) Telephone No. 889 2570				
Type or print name DEL TAY/Or (This space for State use) Telephone No. 889 2570	I hereby certify that the information above	e is true and complete to the best of my knowledge and belie	f.	
Type or print name DEL TAY/Or (This space for State use) Telephone No. 889 2570	SIGNATURE Sal Jay !	TITLE Operato	DATE 11/4/00	
(This space for State use)	Type or print name DEL	_ /		
APPROVED BY DULY DULY TITLE FIELD KEP/ Conditions of approval, if any: DATE 11-00	(This space for State use)	7		
Conditions of approval, if any:	APPROVED BY JULY	Jun TITLE FIELD REP	DATE 11-21-00	
	Conditions of approval, if any:	/		
	. ,			