Submit 3 Copies To Appropriate District Office	State of New M	((1)		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	ergy, Minerals and Nati	ural Resources	WELL API NO.	Revised March 25, 1999
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	I DIVISION	30-015-31	249
District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE 16. State Oil & Ga	FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		V-5865	4
SUNDRY NOTICE	S AND REPORTS ON WELLS			Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT."				g
PROPOSALS.)	ion role religion (role in critical) re	ok soen		
1. Type of Well: Oil Well Gas Well X Ot	hei•		<1.1.	1 1
2. Name of Operator	- / /		8. Well No.	10.7e
Discovery Operativa	July 1		1	
3. Address of Operator 800 Nacienteld, Ste. 100 Maid, TX 79701			9. Pool name or W	ildcat
4. Well Location			Carisbaa, Do	The Because
Unit Latter T	230 fact from the So +1	1: 4	() () ()	, & /
Offit Letter	130 feet from the South	_	feet from	
Section 20	Township 23-5 Ra	inge 27- ()	NMPM Coox	County
10	D. Elevation (Show whether Di	R, RKB, RT, GR, etc.		
11. Check App	ropriate Box to Indicate N	ature of Notice, l	Report or Other D	ata
NOTICE OF INTE	NTION TO:		SEQUENT REP	
PERFORM REMEDIAL WORK PI	LUG AND ABANDON	REMEDIAL WORK		LTERING CASING
TEMPORARILY ABANDON	HANGE PLANS	COMMENCE DRIL		LUG AND
	ULTIPLE [CASING TEST AN	p Øj Û	BANDONMENT
C	OMPLETION	CEMENT JOB	•	
OTHER:		OTHER:		
12. Describe proposed or completed op starting any proposed work). SEE R	erations. (Clearly state all perti	nent details, and give	e pertinent dates, incl	uding estimated date of
recompilation.	to be 1103. For Multiple Comp	pietions. Attach wei	loore diagram of proj	osed completion or
< 1/· l= 056"	a + 160'1	$\alpha = 1$	4/ 5	1
Set 125 jts 8%"(C Poz with 5% sa	195,00 UT 3000, (enested w.	74 /320 sx	63,33
C Poz with 38 sa	17 and 68 gel +.	250 Sx (a)	th 18 Coll	10/7/01
)	0 %		
			159701173	3
			() A	
γ	\$ 11		/ 2	
I hereby certify that the information above	e is true and complete to the be		and hellef	
	_	1		/ /
SIGNATURE Samphel	TITLE C	14Hsist	D	ATE / /9/02
Type or print name Stackel Care	nobell	7	Telephone	No/9 / (2) (1)
(This space for State use)			F	- John Sand
APPPROVED BY	ORIGINAL SIGNED BY T	im W. Gum	n	ATRIAN 28 282
Conditions of approval, if any:	DISTRICT II SUPERVISO	N.	D	ATHERE & C COS.