Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103	
Revise	-d 1-1-85)

30-0 045-11490		
5. Indicate Type of Lease STATE	FEE	X

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	TON DIVISION	WELL API NO
DISTRICT II	Santa Fe, New Mexi	2088 100 87 504 -2088	30-0 045-11490
P.O. Drawer DD, Artesia, NM 88210	'95 OCT	Z AM 8 52	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	33 00 -	C 1111 0 0L	6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER	ICES AND REPORTS ON VOPOSALS TO DRILL OR TO DEER RVOIR. USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
i. Type of Well: Oil. OAS WELL WELL X	OTHER		I E Daaltan
WELL WELL KX 2. Name of Operator	, UIRBK		J. E. Decker 8. Well No.
Great Western Drilling	Company		2 .
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 1659 Midland	, Texas 79702		Blanco Mesa Verde
	Feet From The West	Line and ;850	Feet From The South Line
Section 12	Township 32N	Range 12W	NMPM San Juan County
		ther DF, RKB, RT, GR, etc.)	V/////////////////////////////////////
	6293Gr.		
11. Check A	Appropriate Box to Indica	te Nature of Notice, R	eport, or Other Data
NOTICE OF INT	TENTION TO:	SUB	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER: Side Track	<u> </u>	OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ions (Clearly state all pertinent details	s, and give pertinent dates, inclu	ding estimated date of starting any proposed
WOC install BOP & test air foam mist achieving	to 1000#. Run whips g and maintaining a 6 asing from surface to rculate cement. Rele	stock cut window. o degree angle to o TD. Cement casi ease rig. A compl	Le w/ $460 + \text{or} - \text{sx cement.}$ POPPOH run $6\frac{1}{6}$ " bit & drill with 5500' + or - TD. run open hole ing in two stages with second letion procedure will be filed
		on St	EP 2 9 1995 🖐
			CON. DIV. Dist. 3
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.	
SIONATURE John Th	eling Fr	mme Div. Prod & Dr	1g. Supervisopate 9-29-95
TYPE OR PRINT NAME	U		TELEPHONE NO.
			9-28-78

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 433 DATE SEP 2 9 1995

CONDITIONS OF APPROVAL, IF ANY: