Submit 3 Copies To Appropriate District Office	,
District   State of New Mexico	Form C-103
1625 N. French Dr., Hobbs, NM 38240  District II	Revised March 25, 1990
District II	WELL API NO.
District III	30-031-20919
1000 Rio Brazos Rd., Aztec. NM 87416 2040 South Pacheco	5. Indicate Type of Lease
2040 South Pacheco, Santa Fe, NM 87505	STATE STATE FEE
	6. State Oil & Gas Lease No. LG 9425
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 6 10) FOR PERMIT (FORM 6 10) FORM 6 10)	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	STATE
1. Type of Well:	
Oil Wall 77	COOKIE
2. Name of Operator	
R & J ENTERPRISES	8. Well No.
3. Address of Operator	#1±
P.O. BOX 51 FARMINGTON, NM 87499	9. Pool name or Wildcat
4. Well Location	NOSEROCK
Unit Letter A . 330 feet from the NORTH o	220
Unit Letter : 330 feet from the NORTH line and	feet from the EAST line
Section 16 Township 20N Range 12W	
TOWNSHIP JUNG KANDE 1911	NMPM CountyMcKINIFY
10. Elevation (Show whether DR, RKB, RT, GR, e	<i>(c.)</i>
11. Check Appropriate Box to Indicate Nature of Nation	Panort or Other D.
	REPORT DEPORT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	BSEQUENT REPORT OF:
TEMPORARIYARA	RK
— COMMENCE DE	RILLING OPNS. PLUG AND
PULL OR ALTER CASING  MULTIPLE  CASING TEST A	ARANDONMENT TO
COMPLETION CEMENT JOB	
OTHER:	
12. Describe proposed or completed operations. (Clearly state all and in the complete operations)	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attacor recompilation.	give pertinent dates, including estimated date
or recompilation.	on wellbore diagram of proposed completion
1st PLUG 2200'-2050' (31cuft - 27sk) TAG @ 1993'	
2nd PLUG 1095'-995' (14cuft-12sk)	
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3rd PLUG 150'-SURFACE (23cuft-19sk)	
	MAR ppos
ERECTED DRY HOLE MARKER RESTORED LOCATION	edw.
	w.€.,
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I hereby comif- about 1/1 CC	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
NO. L. Triba	
THE THE	DATE 3/14/02
Type or print name JOHN CUNNINGHAM	Telephone No. 505-327-9931
(This space for State use)	
APPPROVED BY  APPPROVED BY  TITLE	DATE DATE
	DATE ~ 2 (1)02
Conditions of approval, if any:	· · · · · · · · · · · · · · · · · · ·