Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Noverals and Natural Resources Department

Form	C-10	3
Revis	id 1-1	-89

District Office		•	Keamed 1-1-9a
DISTRICT I	OIL CONSERVATION	ON DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		30-025-20739	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND DEDOCATE ON WE	11.0	E-6469
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"			
		7. Lease Name or Unit Agreement Name T.P. "A" State Unit	
1. Type of Well:	-101) FOR SUCH PROPOSALS.)	- · · · · · · · · · · · · · · · · · · ·	- State Art (
MET Og Og Og Og Og Og Og O	OTHER		
2. Name of Operator			8. Well No.
Petroleum Developmen	t Corporation		#1-H
3. Address of Operator 9720-R Candelaria NE	, Albuquerque, NM 871	10	9. Pool name or Wildcat
4. Well Location	, Arbuquerque, Nr. 6/1	12	South Crossroads Devonian
Unit Letter M : 810	Feet From The FSL	Line and 660	Feet From The FWL Line
!			Line
Section 15	Township 10 S	ange 36 E	NMPM Lea County
	10. Elevation (Show whether 4038 KB	DF, KKB, KI, GR, etc.)	
11. Check A	Appropriate Box to Indicate	Nature of Notice P	Variation Other Date
NOTICE OF INT			-
1101102 01 1111	LIVITON TO.	306	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	_	CASING TEST AND C	
	. \square		
OTHER:	<i>*</i>	OTHER:	
12. Describe Proposed or Completed Operat	ions (Clearly state all pertinent details, as	nd give pertinent dates, inclu	iding estimated date of starting any proposed
work) SEE RULE 1103.			
Run 5½ casing set 0	12313'; 3038' 20# N-80). LTC 6993'	
1/# N-80 LIC & 2290'	ZU# N-80 LIC, cemented	1 w 230, sks	
Tested plug 500 psi	pps, Plug i n @ 2:00 p.m	n. December 17,	1998
rested prag 500 ps i			
	•		
I hereby certify that the information above is the	complete to the best of my knowledge and	belief.	
SIONATURE	, , , , , , , , , , , , , , , , , , , ,	Operator	DATE 4/21/99
	III		DATEDATE

SIONATURE OPERATOR OPERATOR DATE 4/21/99

TYPE OR FRINT NAME Jim C. Johnson TELEPHONE NO.505-293-4044

(Thus space for State Use) ORIGINAL SIGNED SY

GARRY VII... DATE

DATE

DATE

OPERATOR

MAY 2 4 1999

CONDITIONS OF APPROVAL, IF ANY: