## Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, ? rals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office   |  |                             |   |             |
|---|--|-----------------------------|---|-------------|
| DISTRICT! P.O. Box 1980, Hobbs, NM 88240  DISTRICT!  Santa Fe, NM 87505 |  |                             | WELL API NO.<br>30-025-33547                      |             |
|   |  |                             |   |             |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410                       |  |                             | 6. State Oil & Gas Lease No.<br>MS 0004           |             |
| ( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.)                      | ICES AND REPORTS ON WELL:<br>OPOSALS TO DRILL OR TO DEEPEN O<br>RVOIR. USE "APPLICATION FOR PERM<br>-101) FOR SUCH PROPOSALS.) | R PLUG BACK TO A            | 7. Lease Name or Unit Agreement Nam  State        | ne          |
| l. Type of Well: OIL GAS WELL WELL                                      | OTHER Brine  |                             |   |             |
| 2. Name of Operator   |  |                             | 8. Well No.                                       |             |
| Gold Star SWD Ltd  3. Address of Operator                               | Company  |                             | 9. Pool name or Wildcat                           |             |
| Box 1480 Eunice,  | N.M. 88231   | ····                        | BSW-Salado  |             |
| 4. Well Location Unit Letter <u>E</u> : <u>134</u>                      | O Feet From The N  | Line and 330                | Feet From TheW                                    | Line        |
| Section 15  | Township 21S Range 10. Elevation (Show whether DF DF 3469  |                             | NMPM Lea  | County      |
| II. Check A   | Appropriate Box to Indicate Na   | •                           | Report, or Other Data  SSEQUENT REPORT OF:        |             |
| ERFORM REMEDIAL WORK  | PLUG AND ABANDON   | REMEDIAL WORK               | ALTERING CASIN                                    | G $\square$ |
| EMPORARILY ABANDON  | CHANGE PLANS   | COMMENCE DRILLING           | G OPNS. DUG AND ABANI                             | DONMENT     |
| ULL OR ALTER CASING   |  | CASING TEST AND C           | EMENT JOB   |             |
| THER:   | 🗆   •  | OTHER:                      |   |             |
| Describe Proposed or Completed Opera<br>work) SEE RULE 1103.            | tions (Clearly state all persinent details, and g  | give pertinent dates, incli | iding estimated date of starting any propose      | d           |
| 9-29-96 TD 136<br>and F1  | d 4 Pm. Derrick Floor 130' at 4:30 Pm. Ran 1344' oat Shoe, 5 Centralizers. Mix and 300 sx class C I                            | 8 5/8" new 32 Cement with   | # J55 casing, Float col<br>500 sx class C Premium |             |
| 9-29-96 Circul<br>9-30-96 Pump c  | ated 236 sx cement to pit<br>ement plug down 12:30 AM.<br>Hr. 7:30 PM. Start dril  | t.<br>•                     |   |             |
| 10-2-96 TD 220  | 0' at 6:00 AM.<br>ig. Run 2074' <u>2 7/8"</u> Fibe   |                             |   |             |
| I hereby certify that the information above us true                     | and complete to the best of my knowledge and bei   | ief.                        |   |             |
| SIGNATURE OF CO   | me me  |                             | TELEPHONE NO.                                     | -4-96       |
| TYPE OR FRINT NAME  | yee Crow   | eil                         | TELEPHONE NO.                                     | 39425c      |
| (This space for State Use)  | MARKATORY SEXTON<br>Presidentalists  |                             | 00T 1 1   | 1000        |
| APPROVED BY   | TILE   |                             | DATE DATE   | 1 1000      |