Submit 2 Copies To Appropriate District Office	State of New Mexico		Form C-103
Despite 1	Energy, Minerals and Natural R	esources	Revised June 10, 2003
:625 N. French Dr., Hubbs, NM 35240 Dispire!!	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-037-200
1391 W. Casad Ave., Artesia, NM 88210 District III			rate Type of Lease
1000 Rio Brazos Rd., Aztau, NM 87410	Santa Fe, NM 87505		STATE FEE *
District IV 1220 S. St. Francis Dr., Santa Fe, NM		U. State	CHALOES DAME 140.
SUNDRY NOTICE	S AND REPORTS ON WELLS	7. Leas	e Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. LSE "APPLICA"		CK TO A	-
PROPOSALS.)	TON FOR PERMIT ("GRID C-101) FOR 3C	i	Number
1. Type of Well: Oil Well: Gas Well 🔯 Other		i	son #1
2. Name of Operator	(185)		III Vanda
Coulthurst Managem	ent & INV. INC.	9. Odis	5337
3. Address of Operator		1	ol name or Wildcat
1990 Marin Ave. Be	rkeley CA. 94707		ldcat
1			
Unit Letter # 133	0 feet from the North	line and 1310	free from the East line
Section 8	Tournelle 10M B.	202 3754754	Canalia Octobria
	Township 10N Range 1. Elevation (Show whether DR, RKE		County Quay
	4326 Gr		
	propriete Box to Indicate Nature		
NOTICE OF INTI			ENT REPORT OF:
PERFORM REMEDIAL WORK		MEDIAL WORK	ALTERING CASING
	_ {	MMENCE DRILLING OF	ABANDONMENT
		DNA TEST AND BCL THEIL	I
OTHER:	□ on	作R: Perforat	ing & Acidizin 🚨
13. Describe proposed or complete	ed operations. (Clearly state all pertin	ent details, and give per	tinent dates, including estimated dat
of starting any proposed work; or recompletion.	. SEE RULE 1103. For Multiple Co.	nipletions: Attach welli	oore diagram of proposed completion
Sept. 8th Perfor	ated 5992-6006' wit	th 4 SPF.	
Sept.10th Acidiz	ed with 1500 Gal 15	% Hcl. Forma	tion Broke @
	d 110 balls No acti		
	ed with 1000 Gal $7\frac{1}{2}$	% Hcl with 1	·
Balled off.	.S.I. و cker @ 7160	wall	RECEIVE
	berger ran pessume		
oos. o.oc bentun	morger ran pessage	COSC WICH DO	APR 2 6 2004
			71 H 4 U 2004
			.QIL CONSERVATIO
\cap			DIVISION
The short of the state of the s			ا و چاپ هوانجه . - او چاپ هوانجه .
I hereby certify that the information about	ove is true and complete to the best of	my knowledge and beh	i
SIGNATURE MUNICIPALITY	TITLE Compan	lop:	DATE 4 16 04
Type or print name DANG WILSON	E-mail address		Telephone No. 270 782
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(This space for State use) /(// /	1 //		are on on
(This space for State use) APPPROVED BY	ohum DIST	RICT SUPER	/ISOR 5/28/2