Submit 3 Copies To Appropriate District	Cana - CNI - N	•		E C 102
Office District	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240	Shorey, witherens and real	ar resources	WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30 - 015 - 5. Indicate Type	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran			FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	505	6. State Oil & G	as Lease No.
87505				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name o	r Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			artesia Moter Unit	
1. Type of Well:			8. Well Number	
Oil Well 📝 Gas Well 🗌 Other			21-m	
2. Name of Operator			9. OGRID Number	
3. Address of Operator			10. Pool name or Wildcat	
PO Box 958 Carlstarl, Nm 8821			action of	
4. Well Location			J	0 0
Unit Letter :	330 feet from the5	line and	OO feet fro	om the <u> </u>
Section 19	Township 185 Ra	nos 20 E	NMPM	County EDD9
Section	11. Elevation (Show whether DR,			
	ppropriate Box to Indicate N		, Report or Other SSEQUENT RE	
NOTICE OF IN PERFORM REMEDIAL WORK ☑		REMEDIAL WOR		ALTERING CASING
	_			_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS.	PLUG AND  ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	ND	
	COMPLETION	CEMENT JOB		
OTHER:		OTHER:		
13. Describe proposed or comp	leted operations. (Clearly state all rk). SEE RULE 1103. For Multip	pertinent details, ar le Completions: A	nd give pertinent da	ram of proposed completion
or recompletion.	ik). SEE KOLE 1103. For Munip	ic completions. 71	ittacii welloolo alag	.um or proposed compression
Poot w/rode	tou pat, amus 4	tom w/=	tubung,	
	<b>—</b>			
, postulity w Hoog	clean out fell 4	) bullda	g baller,	
~ <del></del>		-11	· ·	
put well on production on 3-8-04.				
	1	ont of 11	lag and halief	
I hereby certify that the information	above is true and complete to the t	est of my knowled	ige and benef.	1
SIGNATURE ROY CON	TITLE_	Dwner		DATE 4-5-04
Type or print name Rou H	nioan E-mail a	ddress:		Telephone No. 505-314-339
(This space for State use)	100	A -11 /	770	
	TITI	July B	HO E	MAY 1 2004
APPPROVED BY Conditions of approval, if any:	THILE		<b>†</b>	and the second s