State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-	103	
Revis	ed	1-1	-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240		NSERVATIC 1040 Pacheco St.	NOISION	WELL API NO.				
Santa F		Santa Fe, NM 87			30-015-25488			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		·		sIndicate Type of Lea	se STATE	FEE		
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				∘State Oil & Gas Leas V-320		1 25		
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 C-101) FOR SUCH PROPOSALS.)			7Lease Name or Unit Agreement Name State 16					
Type of Well: OIL GAS WELL X WELL		OTHER	RECEIVED					
² Name of Operator Shinnery Oil Co. , Inc.			JAN 2 2 7004	∍Well No. 1				
aAddress of Operator 606 W. Tennessee Ste. 107	Midland ,Tex. 79701-4	-	CD-ARTESIA	∘Pool name or Wildca Henshaw Grayb				
₄Well Location		· · · · · · · · · · · · · · · · · · ·		-	· · · · · · · · · · · · · · · · · · ·			
Unit LetterJ :19	80 Feet From The	S outh	Line and 1980	Feet From The	East	Line		
Section 1	6 Township	16S on (Show whether DF,	Range 30E	NMPM	Eddy	County		
			3807.3GL			The same of the sa		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
				SEQUENT RE	PORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASI				
TEMPORARILY ABANDON	CHANGE PI	ANS	COMMENCE DRILLING O	PNS.	PLUG AND ANBA	L		
PULL OR ALTER CASING		•	CASING TEST AND CEM			•		
OTHER:			OTHER:					
12Describe Proposed or Completed Opework) SEE RULE 1103.	erations (Clearly state all pe	ertinent details, and give	e pertinent dates, including e	stimated date of starting	any proposed			
Notify OCD 24 hrs. before com 1.41/2 CIBP @2800 W/35' Ce 2.Perf.&Sqz. 2200-2100 W/35 3.Perf.&Sqz. 1400-1300 W/35 4Perf.&Sqz. 444-to Surf. W10 5.Install P&A marker. Note 9.5	ement isxs. isxs. — T49 0 sxs W.O.C. & verit	er-fod C	59 @ 513'- plac 413'-513'- 7 <u>4</u> 9	ce 100' of Cm	t. inside !	autside		
			·					
I hereby certify that the information ab	ove is true and complete to		dge and belief.		04 42	04		
SIGNATURE W. I. Holmo	3 2 200 2 2	Ti	TLE Agent		DATE 01-13	State of the		
TYPE OR PRINT NAME W. L. Holme (This space for State Use)	es		A 0.1	A ===	TELEPHONE NO. 14	32-580-7161		
	20		July &	LAP P	• • • • • •	2 9 2004		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	9-1	Ti	TLE	1	DATE			