Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

CONDITIONS OF APPROVAL, IF ANY:

P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION		WELL API NO.	
DISTRICT II	P.O. Box 2088		30-005-60668
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III		STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
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
(FORM C-101	) FOR SUCH PROPOSALS.)	KMI I -	
1. Type of Well: On. GAS			
WEIL X WEIL	OTHER OTHER		Powell
Name of Operator Total Minatome Corporation		8. Well No.	
3. Address of Operator		#1 9. Pool name or Wildcat	
P.O. Box 4326, Houston, Texas 77210-4326		Wildcat S.A.	
4. Well Location			
Unit LetterC :660'	Feet From The North	Line and1980	Peet From The West Line
Section 23	Township 7S Ran	280	
	Township S Ran  10. Elevation (Show whether I	nge 28E	NMPM Chaves County
4011.6 GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEMPOPARIUM ARANDON			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING		OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE		EMENT JOB	
OTHER: OTHER: Reclamat		ion of Location X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
work) SEE RULE 1103.	•	6 7	
10-01-96 Removed fe	nee and alasmad l	000+:	
10-01-96 Removed fence and cleaned location.  Called Mr. Cliff Allison (Rancher). He will be satisfied with			
to remedial work once the pits are leveled.			
Filled in	pits and leveled	location.	
10-04-96 verbal app	m Livingston (CCD	) at location	and received his
- y volume upp	10741		
		post.	
		\$ 1 m	and the second second
			•
I hereby certify that the information above is true and	complete to the best of my knowledge and	belief.	
SKONATURE OF THE Sr. Regulatory Administrator 10-09-96			
			(713) 739–3383
TYPEOR PRINT NAME Cammye Singlet	ary /		TELEPHONE NO.
(This space for State Use)			