

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSP
DP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L5441
7. Lease Name or Unit Agreement Name Camel State
8. Well No. #3
9. Pool name or Wildcat Four Ranch PRC-Permian

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 RECEIVED
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	MAR 31 '89
2. Name of Operator Plains Radio and Broadcasting	O. C. D.
3. Address of Operator P.O. Box 1393, Roswell, NM 88202	ARTESIA OFFICE
4. Well Location Unit Letter H 1980 Feet From The N Line and 660 Feet From The E Line Section 7 Township 9S Range 27E NMMPM Chaves County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3846GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

See Attached Exhibit "A"

Post ID-2
4-7-89
P + A

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah Goluska TITLE Secretary DATE 3/30/89
TYPE OR PRINT NAME Deborah Goluska TELEPHONE NO. 623-8202

(This space for State Use)

APPROVED BY Johnny Robinson TITLE Oil and Gas Inspector DATE 1-12-90
CONDITIONS OF APPROVAL, IF ANY:

OK by GW