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DISTRICTI P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Ene. 65, Minerals and Natural Resources Departme.

| )IL  | CONSERV  | ATION | DIVISION |
|------|----------|-------|----------|
| بسرر | COLIDER. |       |          |

| C15.F | Form C-103<br>Revised 1-1-89 |  |
|-------|------------------------------|--|
| 1.1   |                              |  |

| OIL CONSERVATION DIVISION | WELL API NO. |
|---------------------------|--------------|
| P.O. Box 2088             | 30-0         |
| 7 Now Marion 97504-2088   |              |

05-60550

| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 |  |   | 5. Indicate Type of Lease STATE FEE     |                         |                                       |  |  |
|---|--|---|---|-------------------------|---------------------------------------|--|--|
| DISTRICT III<br>1000 Rio Brazos Rd., A  | ziec, NW 87410   | 6. State Oil & Gas Lesse No.  K-6772  |   |                         |                                       |  |  |
| S<br>( DO NOT USE THIS  | SUNDRY NOTICES AN<br>S FORM FOR PROPOSALS<br>FFERENT RESERVOIR. U<br>(FORM C-101) FOR  | ND REPORTS ON W<br>TO DRILL OR TO DEEP<br>SE "APPLICATION FOR I<br>R SUCH PROPOSALS.) | PERIMITO ARYEU ARYEU                    | 7. Lease Name or L      | Unit Agreement Name                   |  |  |
| 1. Type of Well: On. WELL X   | GAS<br>WELL  | OTHER   |   |                         |                                       |  |  |
| 2 Name of Operator  | Gussman Permian, I   | L.C.  |   | & Well No.              | · · · · · · · · · · · · · · · · · · · |  |  |
| a Address of Operator   |  |   | 9701                                    | 9. Pool name or Wi      | ildet<br>Queen Assoc.                 |  |  |
| 4. Well Location  Unit Letter   | J : 2145 Feet  | From The South  | Line and231                             | O Feet From             | The <u>East</u> Li                    |  |  |
| Section 2   | Town   | nship 14S 10. Elevation (Show wheth   | Range 29E<br>var DF, RKB, RT, GR, etc.) | NMPM Chave              | S County                              |  |  |
|   |  | 1   |   | enort or Other          | Mata                                  |  |  |
| 11.<br>NOT  | Check Approp   |   | e Nature of Notice, R                   | SEQUENT RE              | EPORT OF:                             |  |  |
| PERFORM REMEDIAL  |  | JG AND ABANDON  | REMEDIAL WORK                           |                         | ALTERING CASING                       |  |  |
| TEMPORARILY ABANI   |  | ANGE PLANS  | COMMENCE DRILLIN                        | GOPNS.                  | PLUG AND ABANDONMENT                  |  |  |
| PULL OR ALTER CASI  |  | _   | CASING TEST AND C                       | EMENT JOB               |                                       |  |  |
| OTHER:  |  |   | OTHER:                                  |                         |                                       |  |  |
| 12. Describe Proposed o<br>work) SEE RULE 1                                   | r Completed Operations (Clea   | riy state all pertinent details   | , and give pertinent dates, incl        | iding estimated date of | starting any proposed                 |  |  |
| 11/29/97  | 7 RU pulling unit. Drill out 5' plug @ surface. Drill out 1' plug at 900'. Tag TD @ 1979'. Set CIBP @1890'   |   |   |                         |                                       |  |  |
| 12/1/97   | RIH & set pkr. @ 347', test to 500 psig, no leak-off. Lower tbg. to 1800'. Pump 3 sx & flush with fresh water. POH with pkr. Perf csg. @ 450', 4 spf. RIH & set pkr. @ 358'. Pump 60 sx, no returns. Top of cement @ 91' from surface. Tim Gum gave verbal approval to top off cement. |   |   |                         |                                       |  |  |
| 12/4/97   | Cemented inside sx. Well is P&   |   | s from 91' to sur                       | face with 20            | Post ID-2<br>2-20-98<br>PVA           |  |  |
| I hereby certify that the ini   | Foresities, showe is true and comple   | ste to the best of my knowledge   | Engineering                             | Manager                 | 12/3/97                               |  |  |
| SIGNATURE   | el Matin   |   | TIME                                    |                         | (915) 682-4429                        |  |  |
| TYPE OR PRINT NAME  | Joel F. Martin   |   |   |                         | TELEPHONE NO.                         |  |  |

CONTROLS OF APPOVAL IF ANY:

AFTROVED BY-

(This space for State Use) Line W. Gum

District Supervisor