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Submit 3 Copies To Appropriate District	State of]	New Mex	cico :	≥ .	Form C-103	
Office District 1	Energy, Minerals	and Natur	al Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240	-		٠	WELL API N		
District II	OIL CONSERV	OIL CONSERVATION DIVISION			30-005-62/02	
811 South First, Artesia, NM 87210 District III	· · · · · · · · · · · · · · · · · · ·	1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87504			STATE FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87504			6. State Oil	& Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Nan	ne or Unit Agreement Name:	
(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				mast	isuz Queen Unit	
PROPOSALS.)				INAKI	1502 Queen Unit	
i. Type of Well:	•	1.			70 0	
Oil Well Gas Well	ell 🗵 Other Injection			14.2		
2. Name of Operator	N			8. Well No.		
MEW. Enterprise			006			
3. Address of Operator				9. Pool name or Wildcat		
	Kentucky K	oswell.	[]·[]! 88203	Double	L Queen	
4. Well Location NORTH						
F	1500 5 15 15	/ 1 /	£ 1:	1850 ==	t from the Wat line	
Unit Letter	: 1590 feet from the	30-7	ine and	0 /0 100	t from the Dec 37 mile	
Section 24	Township /	145 Ra	nge 29E	NMPM	County Chaves	
Section 27	10. Elevation (Show)	whether Di	RKR RT GR etc		30411)	
	IV. LACABOUT (ONOW	3796	, 1410, 141, 014 on 2	~		
11 Checi	Appropriate Roy to In	viicate Na	state of Notice	Report or Ot	her Data	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
NOTICE OF INTENTION TO: SUBSPERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					☐ ALTERING CASING ☐	
PERFORM REMEDIAL WORK	LI PLUG AND ABANDO	"	KEMEDIAL WON	ur. I		
TEMPORARILY ABANDON	CHANGE PLANS	П	COMMENCE DR	ILLING OPNS.	PLUG AND	
IEMPORARIE! ADAMOUN	C ORRIOGIDANO	<u> </u>			ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	NID		
	COMPLETION	ı	CEMENT JOB			
OTHER.			OTHER:		Æ	
OTHER:	1.1	etete ell ser	1	cive pertinent d	ates including estimated date	
12. Describe proposed or com	pleten operations. (Clearly a	state au po	timent ucians, and ;	sh wellhore disc	gram of proposed completion	
or starting any proposed w or recompilation.	ork). See Nobe 1105. Poi	i iviuitipie (completions. Thus		S.u or brobosom combrossom	
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I hereby certify that the inform		plete to the	best of my knowle	dge and belief.	RECEIVED ARTESIA OCO ARTESIA	
I hereby certify that the inform	ation above is true and com	plete to the		dge and belief.	DATE 10-4-01	
I hereby certify that the inform	ation above is true and com	plete to the	best of my knowle	dge and belief.	DATE 10-4-01	
I hereby certify that the inform SIGNATURE Type or print name		plete to the	best of my knowle	dge and belief.	RECEIVED ARTESIA OCO ARTESIA	
I hereby certify that the inform SIGNATURE Type or print name (This space for State use)	ation above is true and comp Marketon cllwhitze	plete to the	best of my knowle	dge and belief.	DATE 10-4-01	
I hereby certify that the inform SIGNATURE Type or print name (This space for State use)	ation above is true and com	plete to the	best of my knowle	dge and belief.	DATE 10-4-01	