Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	Energy, Minerals and N	atural Resources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		ATION DIVISION	WELL API NO.
DISTRICT II		Box 2088 Mexico 87504-2088	30-005-62324
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	·	756789701712	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410		Dr.	6. State Oil & Gas Lease No. K-6772
SUNDRY NO (DO NOT USE THIS FORM FOR PI DIFFERENT RES (FORM	TICES AND REPORTS OR ROPOSALS TO DRILL OR TO I ERVOIR. USE "APPLICATION C-101) FOR SUCH PROPOSAL	DN WELLS DEEPENOR PLUE BACKETO A FOR PERMIT CD ARTESIA	7. Lease Name or Unit Agreement Name
I. Type of Well:	_	25/A	S Marlisue Queen Unit
WELL X WELL	OTHER	(6)	
Name of Operator Nadel and Gussman Pe	ermian IIC	32426	8. Well No.
Address of Operator	Imian, LLC		1-4 9. Pool name or Wildcat
601 N. Marienfeld, S	uite 508, Midland.	TX 79701	Double L Queen Association
. Well Location			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Unit Letter K: 24	80 Feet From The South	Line and 228	5 Feet From The West Line
Saution 24	1 <i>A</i> C	200	Charrie
Section 24	Township 14 S	Range 29E whether DF, RKB, RT, GR, etc.)	NMPM Chaves County
	//////	mana Di, KKD, KI, UK, ElC.)	
1. Check	Appropriate Box to Inc	licate Nature of Notice, R	enort or Other Data
NOTICE OF IN			SEQUENT REPORT OF:
		500	-
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
JLL OR ALTER CASING			
_		CASING TEST AND CE	
THER:		OTHER: Return	well to production X
Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all persinent a	letails, and give pertinent dates, includ	ding estimated date of starting any proposed
RIH with n	unit. POH with ro ew pump & same rod unit. Pressure te	ds & pump. string. st tubing, no leaks n	reported.
11/22/97 Set Lufkin	40 pumping unit.		
hereby certify that the information above is tr	se and complete to the best of my know	ledge and belief.	
1.0 F W	Lu		Manager 12/3/97
SIGNATURE CA	v v	mu	Manager 12/3/97
TYPE OR PRINT NAME JOE 1 F. Ma	artin		тецелноме NO.(915) 682-44
This space for State Use)			
Sim	W. Sum	- District 5	services 12/1/2
UTROVED BY	-	— TITLE — WARNES	DATE 10/9
CONDITIONS OF APPROVAL, IP ANY:			•