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Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240  District II  811 South First Artesia, NM 87210  OIL CONSERVATION DIVISION	30 -015-00657
811 South First, Artesia, NM 87210  District III  2040 South Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE
2040 South Pacheco, Santa Fe, NM 87505	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" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	7. Lease Name or Unit Agreement Name:
Oil Well 🖾 Gas Well 🔲 Other	M= Gruder State
2. Name of Operator Gas Well Services Inc.	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
4. Well Location 582/0	Empire Yates Seven
	k.oe/s
Unit Letter E: 2310 feet from the North line and 3	30 feet from the LJest line
Section 36 Township 175 Range 27E	NMPM Edd County
10. Elevation (Show whether DR, RKB, RT, GR, etc.	
11. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
== = - · · · · · · · · · · · · · · · · ·	SEQUENT REPORT OF:
TEMPORARILY ABANDON	
PULL OR ALTER CASING	ABANDONMENT D
OTHER: OTHER:	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
or recompilation.  Softon of well bore 416.  No public, in hole  It to surface with Ready mix  Install dry hole marchine.	APP OCO RECEIVED ARIESIA TO SELECTIVE OF SEL
No peline, in hole	A OF
with Ready Mix	
fill to surfect	CO CENTER T
Install des hele marker.	ARIES E
Thirtie Engly	10/
	\$29297475771VV
	- 100-
I hereby certify that the information above is true and complete to the best of my knowled	-
SIGNATURE Jack Matthes TITLE President	DATE 4-1.00 (5V5-) Telephone No. 748-2854
Type or print name JACK Matthews	Telephone No. 748-2854
(This space for State use)	
APPPROVED BY TYPE STUPPLY TITLE FIELD Rep. IF Conditions of approval, if any:	DATE 4/12/2000