Submit 3 Copies To Appropriate District	State of New	Mexico		Form C-103	
Office District!	Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM \$8240 District II	OH COMERDMAN	ONI TANGGO PA	30-015-01286		
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION 1220 South St. F			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM \$7410		1 8750\$ECEIVED	53 STATE FEE 6. A State Oil & Gas Lease No.		
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Janua I V, 1414.	OCD ARTESIA	O. M. Brake On &	Gas Lease IV.	
\$7505 SUNDRY NOTIO	CES AND REPORTS ON WE	LLS	Lease Name	or Unit Agreement	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	ALS TO DRILL OR TO DEEPEN OF ATION FOR PERMIT" (FORM C-10	EPLUG BACK TO A 🔠 🤇	Name: Red Lake Unit	_	
Oit Well Gas Well X Other Injection 2. Name of Operator			8. Well No. 2	22	
Beach Exploration, Inc.					
3. Address of Operator 800 N Marienfeld, Ste. 200, Midland, TX 79701			8. Pool name or Wildcat Red Lake, East		
4. Well Location	U, 1.7. / 7/VI		LANGE MANY, MASE		
	990 feet from the West	line and 19	80 feet from the	. North line	
<u></u> _					
Section 36	Township 16S 10. Elevation (Show whether	Range 28E	NMPM	County Eddy	
	GL 358				
	ppropriate Box to Indicate				
NOTICE OF IN	TENTION TO:		SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K []	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	_	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ND 🗆		
OTHER:		l " "	um well to injection		
 Describe proposed or completed starting any proposed work). SE recompilation. 	operations. (Clearly state all p E RULE 1103. For Multiple C	pertinent details, and given completions: Attach we	ve pertinent dates, illbore diagram of p	including estimated date of proposed completion or	
3/12/02 - OCD conducted bradenhead	i test, well passed.				
Return well to active injection effect	ive February 28, 2002; 150bwr	om			
I hereby certify that the information	boyc is true and complete to the	e best of my knowledge	e and belief.		
SIGNATURE XILLUL	Ocherrie Engir	neering Analyst	DATE M	arch 15,2002	
Type or print name Lizbeth Lodle	200		Tc	lcphone No.915-683-6226	
(This space for State use)		A -11	1 7	APR 1 2	
APPPROVED BY	TTILE	- Juli	HA H	_DATE	