Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	ergy, Minerals and Natural Resources			Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II	OH COMORDINATION -			WELL API NO. 30-015-01291	
811 South First, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM <u>87505</u>			STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	234567897072			6. State Oil &	Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS Ø	N WELLE	-0/2	7 1 222 14	** **
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DES	DEN OP DI LIC.	ACK TO ACI	l .	T Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT" (FOR	4	1CH 7.1	EAST RED	Lake Unit #004
1. Type of Well: Oil Well Gas Well		RECE!	HOCH 4 VED 55 RTESIA 65		1
2. Name of Operator	Other \c	ocn.		2 Well No	
WEBB Oil Comp	AUU	182	761	8. Well No. # 4	<u>L</u>
3. Address of Operator	rtesia, N.M.	22324	710	9. Pool name or	
4. Well Location	LIESTH, NAVI.	88211-112	4	REDLAK	د
Unit Letter K :	10000	_			,
Unit Letter :	1980 feet from the	7	line and	180feet fro	m the Wline
Section 36		65 Range	28E	NMPM	County EDD Y
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
11. Check A	ppropriate Box to Inc	licate Natur	e of Notice E	enort or Other	Doto
NOTICE OF IN	TENTION TO:	- 1		SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ RE	EMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		MMENCE DRIL	LING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION		ASING TEST ANI		ABANDONMENT L.
OTHER:			HER R. H.	RNED to 1	Part de la Rea
12. Describe proposed or complete	d operations. (Clearly st	ate all nertine	nt details and give	ve nertinent detec	in alordia a salar da la la
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
or recompitation.					
Well has been Put on Pump, AND IS NOW PRODUCING					
	,				
Aug 1, 2001	'				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Kodney &	1,1,11	TITLE O	iner		DATE 3-4-62
Type or print name RANIEV & Illena					
(This space for State use)	00		011	1 eleph	ione No.
	4		and de		MAR 5 2002
APPPROVED BY Conditions of approval, if any:	Ţ T	ITLE		ν · ·	DATE
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