To Appropriate	State of the Energy, Minerals and Natu		roim C-103 Revised March 25, 1999
District Office DISTRICT I	.	•	LAPINO.
1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVA		$\alpha \gamma (\Omega)$
DISTRICT II	2040 South Santa Fe, N		$\frac{30 - 0.15 - 0.130.9}{5. \text{Indicate Type of Lease}}$
811 South First, Artesia NM 88210	Sama PC, IV	TWI 07303	Federa STATE FEE
DISTRICT III			6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	, / C		NM 012897
	CES AND REPORTS O		7. Lease Name 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 PROPOSALS			K.D. Federal
1. Type of Well:			R. D. Petti
Oil Well Gas Well 2. Name, of Operator	Other Other		8. Well No.
	nohue		# 2
3 Address of Operator	1150 5 11 12	- 1	9. Pool name or Wildcat
4. Well Location	48 trederick	Spuir 1x 78629	Redloke Queen, GB BAST
Unit letter $\angle o + // = :$	1980 feet from the	ne North line and	1980 feet from the Eust line
Section ?	Township	175 Range 28 E	NMPM Eddy County
	10. Elevation (Show w		
Ch	eck Appropriate Box to	Indicate Nature of Notice	co. Report or Other Data
NOTICE OF IN	• • •		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND C	
	COMPLETION		
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 recompletion.			
1 0 0 - Direction of The Bureau of			
proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Well was plugged under direction of The Bureau of			
Land Management on Sept. 17, 2001			
Land It went get			
X			
75			
x \/			
0 C C C C C C C C C C C C C C C C C C C			
207			
I hereby certify that the information ab	pove is true and complete to the b	est of my knowledge and belie	f.
SIGNATURE Lemeth	Charle TI	TLE Mangger	DATE 02-11-02
. /			DATE <u>02 - 1/ - 0 2</u> 830 Telephone No. 407 no. 10
Type or print name (2 nne) (This space for State use)	th R Wade		Telephone No. 997.7519
APPR Accepted for record		TITLE	DATE
Condi FEB 2 1 20	102		