District Office	Energy, Minerals and Na	tural Resources Department	Revised	March 25, 1999
DISTRICT I	OIL UNSERVA	ATION DIVISION	LL API NO.	15/
1625 N. French Dr., Hobbs, NM 88240			30-015-01309	C/(V)
DISTRICT II 811 South First, Artesia NM 88210	2040 Sou Santa Fe,	NM 87505	5. Indicate Type of Lease	4
DISTRICT III	A (1)		Federal & STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 8741	F/B 2002		6. State Oil & Gas Lease No.	1
CIDIDAY NOTES	RECEIVED	227 11701 1 0	7. Lease Name or Unit Agreement Na	
(DO NOT USE THIS FORM FOR PRO	ES AND REPORTS (7. Lease Name or Unit Agreement Na	me:
DIFFERENT RESERVOIR. USE "APPLIE	ATION FOR PERMIT" (FORM	C-101) FOR SUCH PROPOSALS	K.D. Federal	
1. Type of Well: Oil Well Gas Well Governor			K. D. FRANKE	
Oil Well Gas Well Other 2. Name, of Operator			8. Well No.	
Lorsey & Donohue			o. Well No.	
			9. Pool name or Wildcat	
P. O. Box 1248 Fredericks burg Tx 78624 Red lake Queen GR FAS				
4. Well Location		\mathcal{F}	,	
Unit letter /o + //	1980) feet from	the Alasth line and	1980 feet from the	5 . tim.
Sim letter <u>28</u> 7 7.			. 6	<u>.ws r</u> line
Section 3	Township	175 Range 28 E	NMPM Eddy	County
Reprint the same of the same o	10. Elevation (Show	whether DF, RKB, RT, GR, etc.)		of the same
		Indicate Nature of Notic	re. Report or Other Data	e elektriske di Lêlie
NOTICE OF INTE			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		☐ ALTERING C	CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND CE	ABANDONM EMENT JOB 🔲	IENT /
OTUEN	COMPLETION			
OTHER: 12. Describe proposed or completed op	erations (Clearly state all pe	Tipent details, and give pertinen	t dates including estimated date of si	tarting any
proposed work). SEE RULE 1103.	For Multiple Completions:	Attach wellhore diagram of prop	osed completion or recompletion	
Well was plu	gged under	direction of	The Burrace of	1
	0 <i>d</i>		,	
Land Manag	ement on c	Sept. 17, 200	1	
J		•		
Agganted for m	and.			
Accepted for re				
only MA	AR 1 2002			
, <u> </u>				
I hereby certify that the information above	e is true and complete to the h	est of my knowledge and belief		
SIGNATURE to meth	K Wiede TI	TLE Mangger	DATE <u>02-,</u> 8:	11-02
Type or print name	h R Wade	ν	F: Telenhone No	997.7519
(This space for State use)	· A Cade		. erephone 110.	7777519
APPROVED BY		TITLE	DATE	
Conditions of approval, if any:				