Submit 3 Copies To Appropriate District State of New Mexico	Form C-103 (S)
Office District I Energy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION	30 - 015 - 016 21 5. Indicate Type of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE
District IV 2040 South Pacheco, Santa Fe, NM 87505 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	<u>8 11593</u>
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.)	7. Lease Name or Unit Agreement Name:
1. Type of Well:	SUNARY State
Oil Well Gas Well Other 2. Name of Operator	8. Well No.
PRONGHOAN Met. Coay.	2
	9. Pool name or Wildcat Empire Yates 7 Rivers
4. Well Location North	
Unit Letter E: 1650 feet from the line and	
Section 30 Township 175 Range 28 E 10. Elevation (Show whether DR, RKB, RT, GR,	
11. Check Appropriate Box to Indicate Nature of Notice	Papart or Other Date
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE D	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING TEST CEMENT JOB	
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.	
1. Move in And Aig of.	1230
2 Clean well out to total depth.	
3. Install production equip	1/16
3. Install production equip 4. Return well to production	RECEIVED RECEIVED ARTESIA
This well must be in production of	on or before
14 December, 2001	े हा हा हा जा जा है।
,	fr OCD 24 has nation to one much a
Notify OCD 24 hrs. prior to any work done	
I hereby certify that the information above is true and complete to the best of my knowl	edge and belief.
SIGNATURE MMULEN TITLE PART NEW	/ 1
Type or print name Goy A Baken	Telephone No. 505-393-8386
(This space for State use)	1 1
APPPROVED BY	DATE
A ADDRESS OF A DESIGNAL STRAIN	