Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u>

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 8824	40	2040 Pacheco St.						WELL API NO. 30-015-01672				
	70											
DISTRICT II Santa Fe, NM 87505												
P.O. Drawer DD, Artesia, NM 88	3210							sindicate Type	of Lease			
DISTRICT III										STATE	FEE	
1000 Rio Brazos Rd., Aztec, NM	87410							eState Oil & Ga	as Lease	· No.		
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"								₁Lease Name or Unit Agreement Name				
I DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"								Northwest .	Artesia	Unit		
Type of Well:												
OIL X	GAS WELL		отн	ER								
								⊮Well No. 7		·		
Address of Operator								Pool name or Wildcat				
PO Box 5061, Midland, TX 79704								Artesia QN-GB-SA				
4Well Location Unit Letter	2310	Feet From Th	ne	South	•	Line and	660 1980	Feet Fron	n The	EAST West	Line	
Section	32	Townsh	io	178	-	Range	2/1E	NMPM	_	Eddy	County	
*		AUG. C7100 DANKET TO TO	 	how whethe		RKB, RT, GR, et		14441 191				
11	Nh I - A -											
•				Indicate	e Na	ture of No	tice, Rep	port, or Oth	ner Da	ata		
NOTICE	E OF IN	TENTIO	N TO:				SUBS	SEQUENT	REF	PORT OF:		
PERFORM REMEDIAL WORK		PLUG	AND ABAND	DON		REMEDIAL W	ORK			ALTERING CASI	NG	
TEMPORARILY ABANDON		CHAN	IGE PLANS			COMMENCE	DRILLING OF	PNS.	j	PLUG AND ANBA	NDONMENT	
PULL OR ALTER CASING						CASING TEST	AND CEME	NT JOB				
OTHER:				·		OTHER: Re	turn to pro	duction			X	
12Describe Proposed or Complet	ted Operations	s (Clearly state	all pertinent	t details, an	d give	pertinent dates,	including est	imated date of s	tarting a	ny proposed		
work) SEE RULE 1103.												
Returned to production 5	5/00.											
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								4.5			
									100°	$\mathcal{L}_{\mathbf{I}}$.		
								1	16.			
									3 3 15 16			
									7			
I hereby certify that the informat	tion above is t	rue and comm	lete to the he	est of my km	owled	ge and belief						
SIGNATURE BONS	in	tte	# = #	<i>S</i>		LE Regulato	ry Tech			DATE 12-20	-00	
TYPE OR PRINT NAME Bonnie Atwater									TELEPHONE NO. 915/685-1761			
(This space for State Line)												

TITLE FIELD RCP. IF DATE 1/4/2001

CONDITIONS OF APPROVAL, IF ANY: