· ——					11	-
Submit 3 Copies to Appropriate	Energy. era	State of New Mals and Natural R	lexico Lesources Department	CIS	Form C-1	
District Office	Energy. lett	us with reading it	resources Department	, – (	Revised 1	-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CON		ON DIVISION	WELL API NO.	<del>,                                    </del>	
DISTRICE II	Comto T	P.O. Box 20		30-015-039	57	
P.O. Drawer DD, Artesia, NM 8821	o Santa F	e, New Mexico	8/304-2088 1118 13 20 27	5. Indicate Type of		T.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	7.410		(16 <sup>1</sup> )	5, 5, 6, 6, 6	STATE	FEE X
1000 NO BIAZOS NU., AZIEC, INVI 8/	410		T	12 6 State Oil & Ga 12 MO8529	s Lease No.	
SUNDRY	NOTICES AND REP	ORTS ON WE	LLS NOT ZOUZ		7// <b>///</b> ///////	
( DO NOT USE THIS FORM FO	R PROPOSALS TO DRII RESERVOIR. USE "APP	LLOR TO DETIPE!	N OR PIRLICUBACKYO A ERMINTO - ARTESIA	Lease Name of	Unit Agreement Name	
(FO	RM C-101) FOR SUCH I	PROPOSALS.)	Ø	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Type of Well: OIL GAS WELL WELL			\$ 150°	¥		
weil weil  2. Name of Operator		OTHER INJE	IS30KEZI	ETZ FEDERA 8. Well No.	<u> </u>	
C E LaRUE & B N MU	NCY JR.			4 4		
3. Address of Operator	DC2DC11 NN 005	11 1070		9. Pool name or		
P O BOX 1370 Al	RTESIA, NM 882	11-13/0		SQUARE LAI	KE GRAYBURG SA	AN ANDRES
	1980 Feet From The	N	Line and660	Feet From	n The	Line
Section 31	Township		Range 30E r DF, RKB, RT, GR, etc.)	NMPM E	DDY	County
		3712 DF	DI TIME, KI, OK. Ele.,			
11. Ch	eck Appropriate B	ox to Indicate	Nature of Notice, R	Report, or Othe	r Data	
	FINTENTION TO			SEQUENT F		
PERFORM REMEDIAL WORK	X PLUG AND	ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE P	LANS	COMMENCE DRILLIN	G OPNS.	PLUG AND ABAND	
PULL OR ALTER CASING			CASING TEST AND C			
OTHER:			OTHER:			[
12. Describe Proposed or Completed work) SEE RULE 1103.	i Operations (Clearly state	all pertinent details,	and give pertinent dates, incl	uding estimated date of	of starting any proposed	i
WORK, BEEL ROLLS 11031						
HEDEOV DI	POTTERM VARTANCE	TO CHANGE	WELL TYPE FROM	AN INJECTION	IWELL TO AN C	OTI WELL.
				7110201101	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
PREPARING	G TO PULL PACKE	R AND CHANC	SE OUT TOBING.			
_		. 1	4			
1	he change of statu	s does not pu	.l. 			
ti	he well into compl	iance. The wo				
	nust be brought int	o physicai				
C	ompliance.					
I hereby certify that the information abo	Ye is true and complete to the !	est of my knowledge at	nd belief.			
(0,0)	Ku		OMNER		3/15/	/02
SIGNATURE			TILE		DATE	
TYPE OR PRINT NAME					TELEPHONE NO.	
(This space for State Use)	/100			a A A		
	1/2XX		mue Jul		DATE MAR	9 2002
APPROVED BY	700		TILE	o sep	DATE MIMIL	T 0 700m
CONDITIONS OF APPROVAL, IF ANY:				7		