## Submi-3 Copies to Appropriate District Office

## State of New Mexico .rgy, Minerals and Natural Resources Departm.

- am X
Form C-103 Revised 1-163
Parland 1-1 80.
Keamen 1.162.

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe New Mexico, 87504-2088

30-015-22862

WELL API NO.

DISTRICT II P.O. Drawer DD, Artesi	ia, NM 88210	Santa F	e, New Mex	100	RECEIVED	5. Indicate Type	of Lease STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., A	216C, NM 87410			Α	PR - 4 1991	6. State Oil & G		
SUNDRY NOTICES AND REPORTS ON WELLS). C. D.  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OFFILIS 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: off X	MEIT		OTHER			EMPIRE A	BO UNIT "E"	
2. Name of Operator		. /			•	2. Well No.	395	
1 Address of Operato						9. Pool same or EMPIRE -	Wildcat	
BOX 1710, 4. Well Location Unit Letter _	HOBBS, NEW M	Feet From The	NORTH		Line and182	20 Feet From	EAST	Line
Section	35	Township	17S	Ras		NMPM		County
		10. Ele	vation (Show wh 3676.21		OF, RKB, RT, GR, etc.)			
//////////////////////////////////////	Check A	ppropriate B	ox to Indic	ate I	Nature of Notice, R	eport, or Othe	r Data	
NO NO	TICE OF INTE	ENTION TO	):		SUB	SEQUENT I	REPORT OF:	<b>-</b>
PERFORM REMEDIA	L WORK	PLUG AND	ABANDON (		REMEDIAL WORK		ALTERING CASIN	ю 📙
TEMPORARILY ABAN	NDON	CHANGE P	LANS		COMMENCE DRILLING	GOPNS.	PLUG AND ABAN	DONMENT
PULL OR ALTER CAS	SING 🗌				CASING TEST AND CE			
OTHER:			<u> </u>		OTHER: TEMPORAR	ILY ABANDO	N	🛚
12. Describe Proposed work) SEE RULE	or Completed Operation 1103.	ons (Clearly state	all pertinent desa	गोंड, का	d give pertinent dates, inclu	ding estimated date	of starting any propos	ed
TA & HOLD	WELL BORE FO	R FIELD B	LOW DOWN					
T.D. 6300	2.2.2.	.34 PERFS						
3/25/91	MIRU WELL PULLED 195	HAD BEEN JTS, RAN	KILLED DA SCRAPPER	AY E & E	BEFORE, UNFLANGE BIT BACK IN TO (	ED B-1, NI CLEAN CSG,	PPLED UP BOY	
3/26/91	RIH WITH CO TESTED TO S TBG & LAYED	CILAT	ው ለጥጥለሮቹ፤	rn.	CIRCULATED CSG OK'ed BY JOHNNY AN 1 JT OF TBG (	Y ROBINSON	NMOC PULL	ED
_	CIBP SET A' PRESSURE T	EST CHART					·	
I hereby certify that the	information above is true	and complete to the	best of my knowled	ige and	bdid.	o Superviso	or Apri	1 1, 1991
SIGNATURE /	ing y	h		m	Administrativ	e superviso		
TYPEOR FRONT NAME	James D. Co	gburn					TELEPHONE NO.	392-1600
(This space for State Us	Intiller			— m	u till R	p	DATE 48	<u> </u>
CONDITIONS OF APPROV	VAL P ANY:		Kt. or					

Notify N.M.O.C.C. in sufficient time to witness

