

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CISF  
AP

Form C-103  
Revised 1-1-89

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

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-22787-22878
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 6340
7. Lease Name or Unit Agreement Name Aid 24 State Com
8. Well No. 1
9. Pool name or Wildcat N.A.
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3705' GR

**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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Salt Water Disposal
2. Name of Operator Gruy Petroleum Management Co.
3. Address of Operator P. O. Box 140907, Irving TX 75014-0907
4. Well Location Unit Letter N : 660' Feet From The South Line and 1980' Feet From The West Line Section 24 Township 17S Range 28E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3705' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

See Attached



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Susan Austin-Morse TITLE Sr. Production Analyst DATE 5-30-01  
TYPE OR PRINT NAME Susan Austin-Morse TELEPHONE NO. 972-401-3111

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE \_\_\_\_\_ DATE 6-15-01  
CONDITIONS OF APPROVAL, IF ANY: