Submit 3 Copies To Appropriate District	State of New Me	xico	.,	Form C-103C	151
Office E	nergy, Minerals and Natur	ral Resources	WELL API NO.	Revised March 25, 1999	'A ~
1625 N. French Dr., Hobbs, NM 87240 District II		~ ********		-24612	497)
811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			5. Indicate Type		4
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410			STATE 2	<b>3</b> FEE □	V
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & C	as Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lance Name of	Unit Agreement Name:	
SUNDRY NOTICES A: (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	DRILL OR TO DEEPEN OR PLU	JG BACK TO A			
I. Type of Well: Oil Well   Gas Well   Other			State	"M"	
2. Name of Operator			8. Well No.		
3. Address of Operator			9. Pool name gr	Wildcat	
3. Address of Operator P.O. Box 1772 Hobbs, N.M. 88241 4. Well Location			Red LAKE Q	seen Grybng SA	
Unit Letter M: 790 feet from the 500th line and 990 feet from the West line					
Section 36	Township 175 Ra	nge 27 F	NMPM	County Eddy	
	Elevation (Show whether D	R, RKB, RT, GR, et			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
* * *			Report of Other 1 SEQUENT REF		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			<del></del>	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			ILLING OPNS.	PLUG AND ABANDONMENT	
	TIPLE DEFINITION	CASING TEST AT CEMENT JOB	ND		
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.    Notify OCD 24 hrs. prior to any work done					
i. Move in his				102021-131	
2. Penfonate Yates 7 Rivers zone.					
3. Install production equipment.  4. Return well to production.  RECEIVED ARTIESIA STATESIA S					
4. Return well to production.  5. Evaluate for stimulation procedure. OCD ARTIESIA 3					
5. Evaluate	ton stim	JATION	proceed	بي	72/
This well must be in Production on or before					
14 December, 2001					
I hereby certify that the information above	is true and complete to the	best of my knowled	ige and belief.	,	
SIGNATURE MMULL	TITLE_	Pautnew		DATE 10/27/01	
	t. Baben		Telep	hone No. 505 - 393 -	9386
(This space for State use)		1 -01			
APPPROVED BY Conditions of approval, if any:	TITLE_	Suld	sup &	DATE 11-9-01	