Submit 3 Copies To Appropriate District		~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Offine	State of New Mexico	Form C-103
District 1 1625 N. French Dr., Hobbs, NM 87240	Minerals and Natural Resources	Revised March 25, 1000
District II 811 South First, Artesia, NM 87210 OIL CO	ONSERVATION DIVISION 2040 South Baches 36 Santa Fe NM 87505	WELL API NO.
District III	ONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Sonta Frank A 97505	STATE X FEE
2040 South Pacheco, Santa Fe, NM 87505	Salita Fe HMI 8/505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REF	OPT SN WELL SO	VA 1467
DIFFERENT RESERVOIR. USE "APPLICATION FOR PER PROPOSALS.)		7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well Gas Well V Other	SI SIA CO	OXY IJAM STATE
2. Name of Operator	5611101681	8. Well No.
3. Address of Operator	16696	
P.O. BOX 50250 MID	LAND, TX 79710-0250	9. Pool name or Wildcat
4. Well Location	77.10 0230	Under logen Draw Morrow
Unit Letter Y I feet from the South line and 660 feet from the East line		
- JGC Icci	from the South line and	660 feet from the East line
Section \6 Tow	nship 175 Range 27E	NMDM EDDY
10. Elevation	(Show whether DR, RKB, RT, GR.	NMPM EDDY County
	Z4501	
NOTICE OF INTENTION TO	ox to Indicate Nature of Notice	e. Report or Other Data
PERFORM REMEDIAL WORK PLUG AND A		BSEQUENT REPORT OF:
TEMPODARILY	REMEDIAL WO	ORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLA	NS COMMENCE D	RILLING OPNS. 🔀 PLUG AND
PULL OR ALTER CASING	CASING TEST CEMENT JOB	ARANDONIAGAIT
OTHER:	OTHER.	
12. Describe proposed or completed operations. (C	111	
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.		welloose diagram of proposed completion
NOTIFIED NMOCD 4/20/00, MIRU UTI #307, SPUD WELL @ 2400hrs MST 4/20/00. DRILL		
12-1/4" HOLE DRILL TO TD @ 1500', 4/22/00. RIH W/ 8-5/8" 32# K55 CSG & SET @ 1500'. M&P 795sx 35:65 POZ/C W/ 6% BENTONITE + 1% CaCl ₂ + 5#/sx GILSONITE +		
4/23/00, CIRCULATE 135sx CMT TO PIT, WOC-5hrs. NMOCD NOTIFIED, BUT DID NOT WITNESS. NU BOP & CHOKE MANIFOLD, TEST BLIND RAMS, PIPE RAMS, CHOKE LINES,		
CHOKE MANIFOLD AND SAFETY VALV	TEST BLIND RAMS, P	IPE RAMS, CHOKE LINES,
CASING TO 2500#. TOTAL WOC-18	hrs. RIH & TAG, DO CMT,	TEST, DRILL AHEAD
•		
Lhereby certify these		
I hereby certify that the information above is true and	complete to the best of my knowled	dge and belief.
SIGNATURE San San	TITLE REGULATORY	
Type or print name DAVID STEWART		ANALYST DATE 4/26/00
(This space for State use)		Telephone No. 915-685-5717
ORIGINAL SIGNED BY TO	M W. GUM	
WILKOADDI MAINCIN PREMINI	BX TITLE	DATE MAY 0 2 200
Conditions of approval, if any:		DATE