## Submit 3 Copies to Appropriate District Office

Type of Well:

2. Name of Operator

Well Location

Address of Operator

OIL X

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

GAS WELL

P. O. Box 140907, Irving TX 75014-0907

Gruy Petroleum Management Co.

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

OTHER

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.)

	Form C-103 Revised 1-1-89	
	WELL API NO.	
	30-015-315 <b>22</b> 59	
	5. Indicate Type of Lease STATE FEE	
	6. State Oil & Gas Lease No. B-5862	
	7. Lease Name or Unit Agreement Name	ĺ
	Aid 24P State	
	8. Well No.	
	23	
	9. Pool name or Wildcat	
	Yeso (Empire)	[
50'	Feet From The West 1	ine
1	NMPM Eddy County	
		//N
	eport, or Other Data SEQUENT REPORT OF:	
	<u> </u>	
JBS	SEQUENT REPORT OF:	
JB:	SEQUENT REPORT OF:  ALTERING CASING	
JB:	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT	
JB:	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT	
JB:	SEQUENT REPORT OF:  ALTERING CASING OPNS. PLUG AND ABANDONMENT MENT JOB	

1860' Feet From The South Unit Letter Line and 28E 24 **17S** Section Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3697' GR Check Appropriate Box to Indicate Nature of Notice, 11. NOTICE OF INTENTION TO: SL PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **TEMPORARILY ABANDON** COMMENCE DRILL **CHANGE PLANS PULL OR ALTER CASING CASING TEST AND** OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103. See Attached RECEIVED OCD ARTERIA I hereby certify that the information above is true and complete to the best of my knowledge and belief Manager Operations Administration DATE 4-27-01 TELEPHONE NO. 972-401-3111 Zeno Farris TYPE OR PRINT NAME ORIGINAL SENED BY TIM W GUM (This space for State Use) DISTRICT II SUPERVISOR BCK MAY 0 7 2001 APPROVED BY-