			. _	C151
Submit 3 Copies To Appropriate District Office	State of New Mexico		,	Form C-103 (
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
District II	OIL CONSERVATION DIVISION		30-015-	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
SUNDRY NOTICES AND REPORTS ON WELLS 1234 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A SUBJECT OF THE PROPOSALS.)			7. Lease Name or Unit Agreement Name: Crow Flats '11' State Com	
1. Type of Well: Oil Well Gas Well	Other	20 Co 300		
2. Name of Operator	Other :	APIED I	8. Well No.	
	cho Oil & Gas, Corp.	(S) (4)	9. Pool name or V	#2
3. Address of Operator 110 W. Louisiana.	, Ste 410 Midland, TX 7970	20201 01 11 91 CH		Mound - Morrow
4. Well Location	, 5.0	SUS 81 113	<u> </u>	
Unit Letter O :	660' feet from the South	line and1	980' feet from t	the <u>East</u> line
Section 11	Township 16S	Range 28E	NMPM	County Eddy
	10. Elevation (Show whether D	R, RKB, RT, GR, etc	:.)	
11 Charle A	3447 ppropriate Box to Indicate N		Report or Other	Data
NOTICE OF IN			SEQUENT REF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		
OTHER:		OTHER: Rig up	spudder and spud v	well
12. Describe proposed or completed	operations. (Clearly state all pert E RULE 1103. For Multiple Com	tinent details, and gir apletions: Attach we	ve pertinent dates, in ellbore diagram of pr	ocluding estimated date of coposed completion or
8/31/02 Rigged up spudde 8/31/02 to 12:30 A	er and spudded well @ 11:30 F AM 9/1/02. Drilled 5' of 12-1/4"	PM 8/31/02. Drilled hole to 10'.	I from 11:30 PM	
I hereby certify that the information a	bove is true and complete to the b	est of my knowledg	e and belief.	
SIGNATURE LOSTA BUST	anal TITLE	Production Ar	nalyst	DATE9/4/02
Type or print name	Dora Bustaman	te	Telephone N	o. 915/ 683-744 <u>3</u>
0.0.1/11	L SIGNED BY TIM W. GUM			SEP 13 2992
APPPROVED BY Conditions of approval, if any:				DATE