Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 LL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-015-05132
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		ndicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	D. D. D. D. D. A. A. A. N. M. 97410		STATE FEE
District IV	Santa Fe, NM 87	7505	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)  1. Type of Well: Oil Well Gas Well X  2. Name of Operator	Other Injection Corporation Color Corporation Corporation Corporation Corporation Corporation Color Corporation Co	PERIOR TO A  PRINCE OF THE PRI	Lea "C"  Vell No.  #4  ool name or Wildcat Grayburg  cson 7-Rvrs-QN-GB-SA
4. Well Location			
The state of the s			
Unit Letter J	1980 feet from the Sout	th line and 1980	feet from the <u>East</u> line
Section 11	Township 17S Ra	inge 31E NM	PM Eddy County NM
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:	П	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.			
1 . Requesting an extension of TA Status, until can be put on			
permanent producing status.			
Temporary Abandoned Status approved			
		unti 10-15	-07
^			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE_	Sec/Treas	DATE 10/28/02
Type or print name Barl	ara Wolfe		Telephone No. 505-393-9714
(This space for State use)			
APPPROVED BY Conditions of approval, if	TITLE	Suld Sep	DAT QCT 3 0 2002

