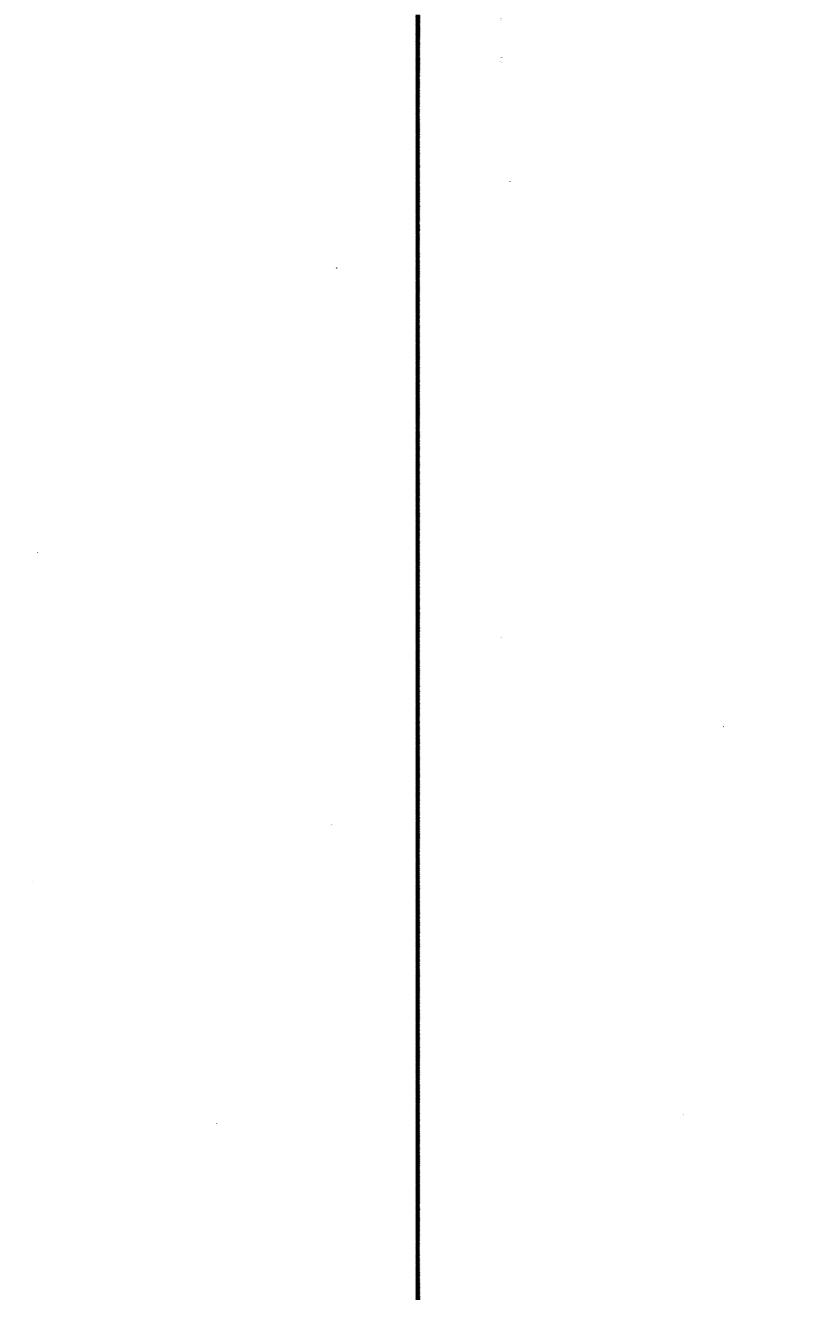
30-015 - 23651

OGRID 36990 PROP 33477

POOI 28509

Janne Ray Heut



| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | Form C-103 ⁰ | | |
|---|--|------------------|----------------|-------------------------------------|----------------|---------------------|
| District I | ergy, Minerals and Natural Resources | | | Revised March 25, 1999 WELL API NO. | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | OH COMERNIA (TOMENTAL) | | | 30-015-23651 | | |
| 811 South First, Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type of Lease | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | | STATE FEE | | |
| District IV | Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | | |
| SUNDRY NOTIC | 7. Lease Name o | r Unit Agree | ment Name: | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFPEN OR LUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | OLD Loco | 11 - L . | ++ - > 1 |
| PROPOSALS.) | | RECEIVED ARTS | ا ﴿ إِنَّ ا | OFP FOCO | unit. | # 021 |
| 1. Type of Well: Oil Well Gas Well | ☐ Other ໄລ | | | | | |
| 2. Name of Operator | Other \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 8. Well No. | | | | |
| WEBB Oil Compan | ١٤٥ ١٤٥ | | | 21 | | |
| 3. Address of Operator | J , , | 211-19124 | 1700 | 9. Pool name or | Wildcat | |
| | esia, NM . 88: | 211-1124 | | | | |
| 4. Well Location | | | | | | |
| Unit Letter G: 2310 feet from the N line and 1650 feet from the E line | | | | | | |
| | | | | | | |
| Section 32 | Township 17 | | | NMPM | County | EDDY |
| 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 | | | LING OPNS. | PLUG ANI | |
| _ | | | | _ | ABANDON | |
| PULL OR ALTER CASING MULTIPLE CASING TEST AN COMPLETION CEMENT JOB | | | | D 🗆 | | |
| OTHER: | | | IED. D. J. | RNED to Pro | 1.1. | l OD |
| | Longrations (Classic etc. | to all portinent | details and ai | RNEI) 10 [r | ounction | j Œ |
| 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. | | | | | | |
| | | | | | | |
| Well has BEEN put on Pump + is Now producing | | | | | | |
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| Aug 1, 200/ | | | | | | |
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| | , , | | | | | |
| I hereby certify that the information a | bove is true and complete | e to the best of | my knowledge | e and belief. | | |
| SIGNATURE Nochey to | Webl- 1 | TILE OU | ner | | _date <u>3</u> | -4-02 |
| Type or print name ROWEY A | b. WEBB | 4 / | 11 1 | Telepl | none No. | |
| (This space for State use) | 0 | Jul | O Bep | Ty. | MAK | O ZUUZ |
| APPPROVED BY | т | ITLE | <u> </u> | | _DATE | |
| Conditions of approval, if any: | · ———————————————————————————————————— | | | | | |