Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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

Form

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1960, Hobbs, NM 88240	OIL	L CONSERVATION DIVISION 2040 Pacheco St.				WELL API NO.			
DISTRICT II		Santa Fe, NM 87595617				30-015-30692			
P.O. Drawer DD, Artesia, NM 88210		100 mg				sIndicate Type of Lease			
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 874	10	707		Roll man		₀State Oil & Gas Lea B-6846-1		<b>FEE</b> [	
SUNDRY NOTICES AND REPORTS ON WELLS									
(DO NOT USE THIS FORM FO	O DRILL OR TO DE E "APPLICATION P	LOR TO DEEPEN OR PLUC BACK TO A CONTROL OF THE CONT			rLease Name or Unit Agreement Name				
(F	ORM C-101) FOR	SUCH PROPOSAL	<b>₹</b>			Empire "18" Sta	ate		
Type of Well: OIL GAS WELL WELL	X	OTHER	156	Crossis	90				
aName of Operator   ✓  Mewbourne Oil Company						sWell No.			
3Address of Operator						₃Pool name or Wildcat			
P. O. Box 5270, Hobbs, NM 88241							South Empire Morrow (Gas) 76400		
	1650 Feet From	The South	1	Line and	990	Feet From The	East	Line	
Section	18 Towns	hip 17S	) F	Range	29E	NMPM	Eddy	County	
		10Elevation (Show when 3644' GR	ther DF, I	RKB, RT, GR, etc	:.)				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:									
PERFORM REMEDIAL WORK	DILLO AND ADANDONI						ALTERING CA	SING	
TEMPORARILY ABANDON	СН	CHANGE PLANS		COMMENCE DRILLING OPNS.			PLUG AND AN		
PULL OR ALTER CASING		CASING TEST AND CEME						البوريب	
						am		X	
OTHER: OTHER: Facility Diagram  12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed									
12Describe Proposed or Completed C work) SEE RULE 1103.	Operations (Clearly st	ate all pertinent details,	and give	pertinent dates, i	including es	timated dațe of startin	ig any proposea		
I hereby certify that the information	above is true and cor	nplete to the best of my						, ,	
SIGNATURE W			TIT	TLE Distr	ic ) )	lanager	DATE 7	18/00	
TYPE OR PRINT NAME						J	TELEPHONE NO.		
(This space for State Use)									
APPROVED BY	d	hi sch	gen	TLE			DATE		
APPROVED BY	CENO G	riin por	11	1LE			DATE		

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