616	CISP
No.	\mathbb{N}
Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District Energy, Minerals Office	
1625 N. French Dr., Hobbs, NM 88240	(2) WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION	8 30-015-00240
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease STATE FEE
District IV Santa Pe DM 8/505	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Po.
1. Type of Well:	PLATT
Oil Well Gas Well Other	
2. Name of Operator Louis Fulton don CFM OIL COMPANY	8. Well No. # 2
3. Address of Operator	9. Pool name or Wildcat
4. Well Location	Dayton S.A.
./	
Unit Letter A :23/0 feet from the 600 / line and 23/0 feet from the 600 fine	
Section 26 Township /85 Range 26E NMPM County Eddy	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Not NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	SUBSEQUENT REPORT OF: WORK X ALTERING CASING
	<u> </u>
TEMPORARILY ABANDON CHANGE PLANS COMMENC	E DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING TE COMPLETION CEMENT JO	STAND
COMPLETION CEMENT 30	<u></u>
OTHER: 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.	Actach wembere diagram of proposed completion
4-01	13000
Cleaned out to TD	IDDED
	1BOPD Owth
Charged rods and tubing	00/1
aharada, baak	
Changed pump Jack	
Charged trak bettery	
3	Sa.
Retured to production	ŭ
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I haraby cartify that the information above is took and associate to the base 5	l.dec.andlli.f
I hereby certify that the information above is true and complete to the best of my know	
SIGNATURE JULIE SUIT	Ner DATE 33002
Type or print name 1016 5 John / tow	Telephone No. 401 901 1570
(This space for State use)	Telephone No. 305 946 478
Les Sul	DATE MAR 2 1 2002
APPPROVED BY	DATE DATE 1 4004