abmit 3 Copies

a Appropriate

listrict Office

Energy, State of New Mexico Energy, erals and Natural Resources Department

Form C-103 Revised 1-1-89

-15 F

junics Office				
STRICT I D. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WELL API NO.	
•	P.O. Box 2088		30-015-00318	
STRICT II D. Degwer DD, Artesia, NM 88210	Santa Fe, New Mexic	co 87504-2088	5. Indicate Type of Lease	
STRICT III			6. State Oil & Gas Lease No.	FEE k
O Lio Brazos Rd., Aziec, NM 87410		in 9	or state out at our traite not	
	TICES AND REPORTS ON W			
DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEEP REVOIR. USE "APPLICATION FOR I	EN OR PLUG BACK TO A PERMIT	7. Lease Name or Unit Agreement N	ame
(FORM (C-101) FOR SUCH PROPOSALS.)			
Type of Well:	ว		WILLIAMS	
WELL X WELL Name of Operator	OTHER		8. Well No.	
C.F.M. OIL COMPANY	,		a. Well No.	
Address of Operator			9. Pool name or Wildcat	
P.O. BOX 1176 ARTESIA Well Location	, N.M. 88211-1176	•	* DAYTON GRAYBURG	
Unit Letter B: 3	30 Feet From The NORTH	Line and231	O Feet From The EAST	
	rear from the	Line and	red from the	Line
Section 25	Township 18S	Range 26E	NMPM EDDY	County
	10. Elevation (Show whether	her DF, RKB, RT, GR, etc.)		
Chaale	Appropriate Poy to Indian	to Moture of Marine D		
NOTICE OF IN	Appropriate Box to Indicat		•	-
_	TENTION TO.	_ SUE	SEQUENT REPORT OF	' :
RFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	ING
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABA	NDONMENT [
LL OB ALTER CASING	_	CASING TEST AND C	_	
· -	_	¬ [EWEIN! 108 []	
HER:		OTHER:		L
L Describe Proposed or Completed Oper	ntions (Clearly state all pertinent details	, and give pertinent dates, inclu	ding estimated date of starting any propo	osed
work) SEE RULE 1103.				
CI.	EAN OUT OT ORIGINAL T.	D.,		
PU	T PUMP ON, AND PUT ON	TEST.		
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y - ' ▼	·			
eraby certify that the information above is tru	se and complete to the best of my knowledge:	and belief.		
-ude	2 Ale	TITLE PRODUCTION C	FRK DATE 4/5/	/o3
		mes	DATE 4/3/	7.)
PEON PURT NAME JUDY FULTON			TELEPHONE NO	746-4787
DIS SANCE (Or State Use) ORIG	INAL SIGNED BY			
MIKE	WILLIAMS		A C D	1 4 1000
SUPE	ERVISOR, DISTRICT IT	TITLE	DATE	1 4 1993
C T AND A MEDICAL TE AND	مست بيورون			