STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA PE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION RECEIVEDIOX 2088 SANTA FE, NEW MEXICO 87501

Form C-103 Revised 10-1-78

AUG 27 1982

5a. Indicate Type of	Lease
State X	F.00
5. State Oil & Gas L	ease No.

OPERATOR	5. State Oil & Gas Lease No.				
O. C. D.	2029				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)					
	7. Unit Agreement Name				
OIL X GAB OTHER-	South Redlake Grayburg				
. Hame of Operator	8. Farm or Lease Name				
Tom R. Minihan	South Redlake Grayburg				
. Address of Operator	9. Well No.				
P.O. Box 4364 Midland, Tex. 79704	34				
. Location of Well	10. Field and Pool, or Wildcat				
UNIT LETTER C 330 FEET FROM THE NOTTH LINE AND PEET FROM	Redlake Grayburg				
THE WEST LINE, SECTION 2 TOWNSHIP 18 S RANGE 27 E NMPM.					
15. Elevation (Show whether DF, RT, GR, etc.) N/A	12. County Eddy				
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT					
PLAFORM REMEDIAL WORK X PLUG AND ABANDON COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JGB OTHER OTHER Equip Well to pump	ALTERING CASING PLUG AND ABANDONMENT				
. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed				

Clean out and equip well to pump. Commence work after completing SRL #33 workover.

- 1. MIRU service unit. Install BOP. Pull Tubing. Clean out to T.D.
- 2. Acidize well. Run rods, tubing and pump. Install pumping unit.
- 3. Test well 30 days and submit necessary forms to reclassify well as producer.

18. I hereby certify that the information above is true and comple	te to the best of my knowledge and belief. Operator	DATE 8/19/82
Jesli A. Clements	TITLE SUPERVISOR DISTRICT II	BATE AUG 3 U 1982
CONDITIONS OF APPROVAL, IF ANYI	•	