

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 208
Santa Fe, New Mexico 87504-0208

RECEIVED

JUL - 1 1996

WELL API NO. 30-015-01912
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 647
7. Lease Name or Unit Agreement Name Welch State
8. Well No. #5
9. Pool name or Wildcat Artesia Q-GR-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO CHANGE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator ACECO PETROLEUM	
3. Address of Operator 2106 Richey, Artesia, NM 88210	
4. Well Location Unit Letter <u>J</u> : <u>1570</u> Feet From The <u>South</u> Line and <u>2390</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>18 South</u> Range <u>28 East</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, 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 <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Cleaned out well, run tubing, looks promising. Need to run casing & cement

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Harold D. Parrish, Sr. TITLE Owner DATE 6-25-96

TYPE OR PRINT NAME Harold D. Parrish, Sr. TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 7/2/96

CONDITIONS OF APPROVAL, IF ANY: