State of New Mexico

ТЕLETHONE NO. 915/683-4434

8 1992

MAY

Submit 3 Copies to Appropriate District Office		*	nd Natural Re	sources Depart	ment			Revised 1-1	111
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		I	P.O. Box 2088			WELL API NO.			
DISTRICT II Santa F P.O. Drawer DD, Artesia, NM 88210			Fe, New MexicoRECENVEOB8			5. Indicate Type of Lease STATE FEE			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			MAY - 5 1992			6. State Oil & Gas Lease No. 647			
(DO NOT USE THE	S FORM FOR PRO	CES AND REPOR POSALS TO DRILL O VOIR. USE "APPLICA 101) FOR SUCH PRO	R TO DEEPEN TION FOR PEI	OR PLUG BACK	A OT	7. Lease Nam	ne or Unit Ag	reement Name	
I. Type of Well: Off. WELL X	GAS WELL.	on	HER			McN	lutt Sta	te	
2. Name of Operator						& Well No.	10		
Plains Petroleum Operating Company 1. Address of Operator						9. Pool name or Wildcat Artesia Queen GSA			
	Wall, Suit	e 1000	<u>, </u>			Artesia	Queen	GSA	
4. Well Location Unit Letter	K : 165	O Feet From The	South	Line and	1750) Feet	From The _	West_	Line
Section	21			nge 28E		NMPM E	ddy		County
		10. Elevation	GL 3572	DF, RKB, RT, GR,	. esc.)				
//////////////////////////////////////	Check A	Appropriate Box	to Indicate	Nature of No	tice, Re	port, or O	ther Data		
		ENTION TO:			SUB	SEQUEN	T REPO	RT OF:	٠
PERFORM REMEDIA		PLUG AND ABA	NDON	REMEDIAL WO	ORK		ALTER	IING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING						OPNS.	PLUG	AND ABANDO	NMENT 🗌
PULL OR ALTER CASING CASING TEST AND C						MENT JOB			
OTHER:			🗆	OTHER:	Deep	oen			X
-1		ions (Clearly state all pe	rtinent details, as	ed give persinent de	stes, includ	iing estimated d	are of starting	any proposed	
work) SEE RULE								•	
4-27-92	to 2092'.	pad hole w/20 Pull bit to : w/ 4 3/4" b	2091 '. C:	ablish rev irc. hole	erse d clean	circ. Dr . POOH v	cl cmt, n/tbg XC	GS, 1' on DC, BS	f form , bit.
4-29-92	Drl 4 3/4"	hole to 2420	۱.						
4-30-92	Drl 4 3/4"	hole to 2642	•						•
									
I hereby certify that the	information above is tru	and complete to the best of	my knowledge and	l belief.		<i>1</i> — -			0
SIGNATURE	onnus	KJUDTANU	Δπ	Office	Manag	er/Tech	DA	ле <u>5-4-9</u>	<u> </u>
TYPE OR PRINT NAME	Bonnie Hu	sband					TRE	LETHONE NO. 91	<u>5/683-44</u> 3

ORIGINAL SIGNED BY

MIKE WILLIAMS SUPERVISOR, DISTRICT IT

TYPE OR PRINT NAME

(This space for State Use)