Submit 3 Copies To Appropriate District Office	State of New Mexico Ener— Minerals and Natural Resources Department		Form C-103 Revised March 25, 1999
DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240	2040 South Pacheco		30-015-02097
DISTRICT II 811 South First, Artesia NM 88210	Santa Fe, NM 87505		5. Indicate Type of Lease STATE  FEE
DISTRICT III		6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd. Aztec, NM 87410			1477
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(DO NOT USE 1'HIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS			Toomey Allew
1. Type of Well:  Oil Well ☐ Gas Well ☐ Other			
2. Name of Operator		8. Well No.	
A. Dwane tarrish JZ		4	
3. Address of Operator  [3] 0 6 5	9H Artesia AM 88210		9. Pool name or Wildcat
4. Well Location			
Unit letter I: 2390 feet from the South line and 1297 feet from the Los line			
Section 28	Township 18	5 Range 28 1	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
Check Appropriate Product I di a National Production Pr			
Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	FLUG AND ABANDON	REMEDIAL WORK	SEQUENT REPORT OF:  ALTERING CASING
TEMPORARILY ABANDON □	CHANGE PLANS	COMMENCE DRILLIN	
PULL OR ALTER CASING	) II II TIDI E		ABANDONMENT □
TOLD ON ALTER CASING	COMPLETION	CASING TEST AND CI	EMENT JOB [
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 recompletion.			
We pielled pump and tubing. Replaced pump and replaced 250 to			
of taking. Hung well back on purping			
•••			
	$\bigcirc$ .		0 1 0
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE / LA MAR TITLE DUNCE DATE 10-2-2000			
Type or print name / DNAME PASSISH JE Telephone No. 741,416			
(This space for State use)			
APPROVED BY MASTULES Conditions of approval, if any:	Efrel nr	E Field Rep I	DATE 2/27/01
Conditions of approval, if ally:	•	,	<b>*</b>