

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Bureau of Geology, 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 2088  
Santa Fe, New Mexico 87504-2088

JUL - 1 1996

WELL API NO. 30-015-01908-10452
5. 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. #4
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 PLUG BACK 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 <input type="checkbox"/>
2. Name of Operator ACECO PETROLEUM
3. Address of Operator 2106 Richey, Artesia, NM 88210

4. Well Location Unit Letter <u>K</u> : <u>2390</u> Feet From The <u>South</u> Line and <u>2390</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>18 South</u> Range <u>28 East</u> NMPM <u>Eddy</u> County
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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.

Due to lack of information in the file from Collier Bankruptcy, we would like to put a pulling unit on this well to see what is down hole.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <u>Harold D. Parrish, Sr.</u>	TITLE <u>Owner</u>	DATE <u>6-25-96</u>
TYPE OR PRINT NAME <u>Harold D. Parrish, Sr.</u>		TELEPHONE NO.

(This space for State Use)

APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL, IF ANY:

Record only