Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		30-015	-2507/
811 South First, Artesia, NM 87210 District III	2040 South Pacheco		5. Indicate Type of STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Ga	
2040 South Pacheco, Santa Fe, NM 87505				
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC. PROPOSALS.)	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLU ATION FOR PERMIT" (FORM C-101) FC	JG BACK TO A DR SUCH	7. Lease Name or	Unit Agreement Name:
1. Type of Well: Oil Well Z Gas Well	Other		Fox	
2 Name of Operator	E GAJ, INC.		8. Well No.	
3. Address of Operator 7. O. Box 8911			9. Pool name or Wildcat ATOKA GLORIETO/YESO	
4. Well Location				
Unit Letter <u>E</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line				
Section 35	Township 185 Ran	nge <i>H</i> E	NMPM EDDY	County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11 Check Ar	<u>3327 GK</u> ppropriate Box to Indicate Na	ture of Notice	Report or Other I	Data
NOTICE OF IN		SUB	SEQUENT REF	PORT OF:
		REMEDIAL WOR	K 🗆	ALTERING CASING
	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	ND	1
OTHER:		OTHER: 5	1EARS	
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 recompilation.				
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I hereby certify that the information	a show a isstance and complete to the	best of my knowled	dge and belief	· · · ·
/ Im		lant		DATE 1-4-2000
SIGNATURE	<u>TITLE</u>	iryin	<u>/</u>	DATE <i>1-4-2000</i> 2010 No. 915 ⁻ -685 ⁻ -3011
Type or print name JAN	DOUTH		Telep	phone No. 915-685-3011
(This space for State use)				
APPPROVED BY Conditions of approval, if any:	TITLE			DATE