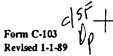
Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



CONDITIONS OF APPROVAL, IF ANY:

## OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 30-015-26065
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B-110831
SUNDRY NOTICES AND REPORTS ON WELLS	M-110831
( 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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X OTHER	Pierre AGF State Com
2. Name of Operator APR 25 '00	8. Well No.
l	9. Pool name or Wildcat
3. Address of Operator 105 South 4th St., Artesia, NM 88210	Und. Red Lake Atoka-Morrow
4. Well Location ARTESIA, DIRECT	ond: Red Bake Moka Horrow
Unit Letter A: 660 Feet From The North Line and 660	Feet From The East Line
Section 26 Township 18S Range 27E	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3531.2' GR	
11. Check Appropriate Box to Indicate Nature of Notice, F	Report, or Other Data
NOTICE OF INTENTION TO: SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB
OTHER: OTHER: Perforat	te well X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl. work) SEE RULE 1103.	uding estimated date of starting any proposed
4-12-89. Drilled DV tool at 7106'. 4-13-89. WIH on wireline with casing gun and perforated 10073-10076' (2 SPF-6 holes) total 9 .35" holes. 4-14-89. Dropped bar. GTS in 3 minutes. Cleaned well up choke = 1022 mcfgpd.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE Anta Dav Alth mile Production S  TYPE OR FRINT NAME Juanita Goodlett	Supervisor DATE 4-21-89 TELEPHONE NO. 505/748-147
(This space for State Use)  Original Signed By  Mike Williams	APR 2 5 1988
* DANK # 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	