Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505  SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well: Oil Well Gas Well	State of New Elicipy, Minerals and I OIL CONSERVATI 2040 South I Santa Fe, NM ES AND REPORTS ON WE ALS TO DRILL OR TO DEEPEN O ATION FOR PERMIT" (FORM C)	Natural Resources ION DIVISION Pacheco M 87505  REST 89 1077 REPLUG BACK TO ACCOUNT FOR AUCH	WELL API NO. 30-015-210 5. Indicate Type of Lease	e EE e No. L-4757
2. Name of Operator	200	OCD - ARTESIA	8. Well No.	
rasken Oli and Nanch, Liq.			1	
3. Address of Operator 303 W. Wall Ave., S	uite 1800, Midland, 1	€•₹ <u>9</u> ₹0,7-5,116	9. Pool name or Wildcat Undesignated Cel Wolfcamp	metary
4. Well Location				
Unit Letter D:	1000feet from the	north line and	1000feet from the _	
Section 32	Township 20S	Range 25E	NMPM Eddy	County
	10. Elevation (Show wheth	er DR, KKB, KI, GR, eid	2.) 	
11. Check Ap NOTICE OF INT PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PPROPRIATE BOX TO INDICATE TO	te Nature of Notice, SUB SUB REMEDIAL WOR COMMENCE DRI CASING TEST A CEMENT JOB	SEQUENT REPORT  K ALTE  ILLING OPNS. PLUMABAN	OF: RING CASING G AND NDONMENT
OTHER:		OTHER: Plugbac		X
<ul> <li>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.</li> <li>4/20/02 MIRU PU</li> <li>4/23/02 Set CIBP at 8500' and spotted 35' Class H on top.</li> <li>4/24/02 Spotted 500 gals. 15% HCL acid and perforated from 7064' – 7084' with 2 JSPF, 60 degree phased. Ran in well with tubing.</li> <li>4/25/02 Prepared surface facilities and installed new meter run. Well flowing to pit with heavy slugs of water.</li> <li>4/26/02 Put well on line producing 599 MCF in 12 hours.</li> </ul>				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Humes	Dance Tr	TLE Regulatory Affairs	S Coordinator DA	TE <u>5/6/02</u>
Towns on maint manns			Telenhone No	(915) 687-1777_
Type or print name (This space for State use)	HONAL SIGNED BY THE	w. cum		
APPPROVED BY Conditions of approval, if any:	STREET IN SUPERVISOR!	LE	DA1	TE