Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

CONDITIONS OF APPROVAL, IF ANY:

7/51	-
Form C-103 - 151 Revised 1-1-89	1
Revised 1-1-89 VY	
7	

DISTRICT I P.O. Box 1980, Hobbs, NM	OIL (TION DIVISIO	WELL API NO.		
		P.O. Bo			5-25835	
DISTRICT II P.O. Drawer DD, Artesia, N	M 88210	anta Fe, New Me	xico 87504-2088	5. Indicate Type of		
DISTRICT III 1000 Rio Brazos Rd., Aztec	, NM 87410		•	6. State Oil & Gas		FEE
CUB	IDDY NOTICES AND	D DEDODIE ON	WELLC	V-736		7777777
(DO NOT USE THIS FO	IDRY NOTICES AN PRM FOR PROPOSALS ' RENT RESERVOIR. US (FORM C-101) FOR	TO DRILL OR TO DE E "APPLICATION FO	EPEN OR PLUG BACK TO	7. Lease Name or I	Unit Agreement Name	
1. Type of Well: Oil. WELL XX	GAS WELL	ОТНЕЯ		Nugget S	State	
2. Name of Operator			JMI 2	8. Well No.		
<u></u>	nd Gas Corporat		Q. C. D.	1		
3. Address of Operator	500 Dear	roll Nove Mon	ico 88202	9. Pool name or W		
P. O. Box 2	523 KOSV	vell, New Mex	100 00202	South Lt	ı ç k Delaware	
	: 660 Feet F	rom The North	Line and	660 Feet From	The East	Line
Section 3	6 Towns	thip 19S	Range 31E	NMPM Eddy	y	County
		10. Elevation (Show w	hether DF, RKB, RT, GR, et	c.)		
			3502' GR		<u> </u>	
11.	• • •			ce, Report, or Other		
NOTIC	E OF INTENTIO	N TO:		SUBSEQUENT RI	EPORT OF:	
PERFORM REMEDIAL WO	ORK D	G AND ABANDON	REMEDIAL WOR	RK .	ALTERING CASING	
TEMPORARILY ABANDON	N CHA	NGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABAND	ONMENT XX
PULL OR ALTER CASING			CASING TEST A	ND CEMENT JOB		
OTHER:			OTHER:			
12. Describe Proposed or Co work) SEE RULE 1103		y state all pertinent dei	ails, and give pertinent date.	s, including estimated date of	starting any proposea	1
	circulate hole	w/180 bbls. @ 6910'. Pu	9# gelled brine	w/tubing to 6910 e. Spot 5 sk. pi ing. Reverse tul	lug	
	on top of CIBP 3700'. Pull to 975', spot	. Pull to 38 5 2550' spot 12 sk. plug b	300', spot 12 sk 12 sk plug back back to 875'. I	380'. Spot 5 sk c. plug back to c to 2450'. Pull Pull to 650', spo	5- 1 ot 12	(ID-2 6-89 P4A
	(1)					
I hereby certify that the information	ation above is true and complete	To the best of my knowle		_		•
SIGNATURE	ukley/		_ mn_sDrillin	ng Foreman	DATE	9
TYPE OR PRINT NAME	Gene Kernnel				TELEPHONE NO.	
(This space for State Use)	11 711		1	. 4	f	1
APPROVED BY DA	ull ///re	ru	_ me_Seole	gist	DATE _5/2	189