Submit 3 Copies to Appropriate District Office

State of New Mexico linerals and Natural Resources Department Energ_

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

WELL API NO

TELEPHONE NO.

- DATE NOV

6 1989

201 2700 21000 41111 00210	P.O. Box 2	.088		
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic		S. Indicate Time of Lease	
DISTRICT III	•	NOV 6- '89	5. Indicate Type of Lease STATE STATE	E 🗆 📗
1000 Rio Brazos Rd., Aztec, NM 87	410	, J. D.	6. State Oil & Gas Lease No. LG-0465	
DIFFERENT F	NOTICES AND REPORTS ON WAR PROPOSALS TO DRILL OR TO DEEP RESERVOIR. USE "APPLICATION FOR RM C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
I. Type of Well:	OTHER		Mary Walf Chata	
2. Name of Operator			Mary Wolf State	
•	Royalties, Inc.		4	
3. Address of Operator P. O. Draw	er 11390, Midland, Te	exas 79702	9. Pool name or Wildcat W. Millman-Grayburg	
4. Well Location	330 South	165		
Unit Letter::_	330 Feet From The South	Line and 100	O Feet From The West	Line
Section 12	Township 19S	Range 27E	NMPM Eddy	County
	10. Elevation (Show whe. 3470 'G)	ther DF, RKB, RT, GR, etc.)		
11. Ch	neck Appropriate Box to Indica		anost or Other Date	
	F INTENTION TO:		SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONI	MENT 🗌
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER: Request dr	illing extension	OTHER:		[
12. Describe Proposed or Complete work) SEE RULE 1103.	d Operations (Clearly state all pertinent detail	ls, and give pertinent dates, incl	uding estimated date of starting any proposed	
November 7 casing wit of 2500' c casing wil If dry hol	tension to drill. P., 1989 with a 12 1/4 th 250 sxs. Drill ou or less. If commerical be set with 600 sx te encountered, prope M. O. C. D.	"bit. Set 310 t with a 7 7/8' al shows are pros. and circulate	o' of 8 5/8" bit to a depth resent, 5 1/2" ted to surface.	
I hereby certify that the information ab	ove is true and complete to the best of my knowled,	ge and belief.		
SIGNATURE PUBLIC	ica Owon	mme Agent	DATE 11-06-	-89
TYPE OR PRINT NAME	Rebecca Olson	(505)	746-6520 TELESTIONE NO.	

APPROVED BY -CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)