Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, ...inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

| P.O. Box 1980, Hobbs, NM | 88240 | PO Box 20 | NA PECEINFINIA | WELL API NO. |
|--|--|---|---|---|
| DISTRICT II P.O. Drawer DD, Artesia, NI | | P.O. Box 20 Santa Fe, New Mexico | 00 | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, | | | NOV 21 '89 | 5. Indicate Type of Lease STATEXX FEE |
| | | | | 6. State Oil & Gas Lease No. LG-0465 |
| DIFFER | RENT RESERVOIR. | ND REPORTS ON WE S TO DRILL OR TO DEEPEI USE "APPLICATION FOR PE IR SUCH PROPOSALS.) | | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: Out. X | OAS WELL | OTHER | | Mary Wolf State |
| 2. Name of Operator | D1+ ' | / | | 8. Well No. |
| 3. Address of Operator | Royalties | | | 4 |
| P. O. Dra | wer 11390, | Midland, Texas | 79702 | 9. Pool name or Wildcat |
| 4. Well Location | | | | W. Millman-Grayburg |
| | | From The South | Line and16 | 50 Feet From The West Line |
| Section 1 | 2 Tov | wnship 19S R | ange 27E | NMPM Eddy |
| | | 10. Elevation (Show whether 3470' Grd. | DF, RKB, RT, GR, etc.) | (J//////////////////////////////////// |
| 11. | Check Appropriate Check Approp | priate Box to Indicate | Nature of Notice, R | eport, or Other Data |
| NOTIC | E OF INTENT | ON TO: | SUB | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WO | RK PI | LUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CI | HANGE PLANS | COMMENCE DRILLING | |
| PULL OR ALTER CASING | | | CASING TEST AND CE | == · · · · · · · · · · · · · · · · · · |
| OTHER: | | | OTHER: | |
| 12. Describe Proposed or Conwork) SEE RULE 1103. | mpleted Operations (Cle | arly state all pertinent details, o | ind give pertinent dates, inclu | ding estimated date of starting any proposed |
| 11-16-89 | Pacesetter | II /O SXS. "C" ' | *' of 15.5# J- with 5# salt, salt. Plug (| -55 5 1/2" casing. .5 CR-14. 225 sxs. lown at 7:45 A.M. |
| 11-20-89 | Rig up rev on 11-21-8 | erse and drill 9. | out plug. R | JCU. Begin completion |
| I hereby certify that the information | tion shows to true and com- | plete to the best of my knowledge an | | |
| 1 1 1 | | 90 | me <u>Agent</u> | DATE |
| typeorprintname Rel | oecca Olson | | | (505) TELEPHONE NO. 748-1014 |
| (This space for State Use) | | INAL SIGNED BY WILLIAMS | | (303) HAZITICKE NO. 740-1014 |
| APPROVED BY | | W.Sox, occupiet if | me | NOV 2 2 1989 |
| CONDITIONS OF APPROVAL, IF A | NY: | | 14 | DATE |