Submit 3 Copies to Appropriate District Office

State of New Mexico Energ inerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT! OIL CONSERVATION DIVISION			WELL API NO.	V
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088  DISTRICT II  Santa Fe, New Mexico 87504-2088		30-015-26095		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lea	STATE TATE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lea B9739-15	
SUNDRY NOTICES AND				
( DO NOT USE THIS FORM FOR PROPOSALS T DIFFERENT RESERVOIR. US (FORM C-101) FOR S	TO DRILL OR TO DEEPEN E "APPLICATION FOR PER SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit	Agreement Name
1. Type of Well:	,			
OSL WELL WELL	OTHER	APR 11 89	P.J. "B" St	ate
2. Name of Operator Fred Pool Drilling, Inc.		يع يمر يعو	8. Well No.	
3. Address of Operator	<del> </del>	ARTESIA, OFFICE	9. Pool name or Wildo	
P.O. Box 1393, Roswell, 1	NM 88202		Artesia Wa	Ç Q-G-SA
4. Well Location  Unit Letter C : 2310 Feet Fr	oom The West	Line and3	30 Feet From The	North Line
Section 11 Towns	100	•		Fddy G
1 Section	hip 193 Ra 10. Elevation (Show whether i	oge 29E DF, RKB, RT, GR, etc.)	NMPM //	Eddy <b>County</b>
<i>{////////////////////////////////////</i>	3360' GR			
* * *	ate Box to Indicate I		•	
NOTICE OF INTENTIO	N TO:	SUB	SEQUENT REP	PORT OF:
PERFORM REMEDIAL WORK PLUG	3 AND ABANDON	REMEDIAL WORK	AL1	TERING CASING
TEMPORARILY ABANDON CHAI	NGE PLANS	COMMENCE DRILLING	OPNS. DPL	UG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB X		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operations (Clearl work) SEE RULE 1103.	y state all pertinent details, an	d give pertinent dates, inche	ding estimated date of star	rting any proposed
T.D. 12:30 a.m. on the exact the state of the exact	ted 362' with 250 not circulate.	O sx of premium Waited on Cemen	plus 2% calci	um cloride. .dded 10 yards
			· F	
		74-1	0.00	
I hereby certify that the information above is true and complete	to the best of my knowledge and	beliaf.		
SKINATURE ACCOUNTS AND THE TOTAL TOTAL	sha m		tary	DATE4/10/89
TYPEORPRINT NAME Deborah Goluska				TELEPHONE NO. 623-8202
(This space for State Use)  Original Sign Mike Willia	ems			APR 1 7 1989