Submit 3 Copies to Appropriate District Office			s and Natural R	esources Department		Form C-103 Revised 1-1-89	955	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088					WELL API NO. 30-015-26124			
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210					5. Indicate Type of Lease STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410						as Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A								
(DO NOT USE	DIFFERENT RESE	OPOSALS TO DRILL RVOIR. USE "APPL D-101) FOR SUCH PI	ICATION FOR PE	OR PLUG BACK TO A RMIT"	7. Lease Name o	r Unit Agreement Name		
1. Type of Well:]		ECEIVED	MORRIS A	RCO 26F		
2. Name of Oper	rator		/	1 - 100	8. Well No.			
	ARBURG PRODUC	ING COMPANY		JUL 10 '89	1	Write .		
3. Address of O		D-31- T	75001	_	9. Pool name or			
	0. BOX 31405,	Dallas, lexa	as 75231	O, C.D.	Tuna. Seve	en Rivers - Yeso		
4. Well Location Unit Let	ter :	Feet From The	NORTH	ARTESIA, OFFICE 1,	815 Feet From	m The WEST	_ Line	
	26	T 4:-	19S R	ange 25E	NMPM	EDDY C	County	
Section	77777777777777777777777777777777777777	Township 10. Eleva	tion (Show whether	ange 25L DF, RKB, RT, GR, etc.)	14141141		77777	
			3	435.6' GR		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
11.	Check	Appropriate Bo	x to Indicate	Nature of Notice, F	Report, or Othe	er Data		
					BSEQUENT REPORT OF:			
							_	
PERFORM REMI	EDIAL WORK	PLUG AND A	BANDON L	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL								
PULL OR ALTER CASING CASING TEST AND C					DEMENT JOB L			
OTHER: OTHER:					ACTIVITY			
	posed or Completed Oper	rations (Clearly state al	l persinent details, c	and give pertinent dates, incl	luding estimated date	of starting any proposed		
•	Rigged up Co	ompletion Rig ole CNL-GR fi	. Picked	up 4-3/4" bit &	scraper. C	leaned out to 29	956'.	
6-13-89:	Perforated \	Yeso with 4-1	/2" casing	gun 2828' to 2 select fire gu	833', 2706- un.	96', 2606-96',		
6-15-89:								
6-19-89:			bottom hol	e pump. PUT WEL	L ON PRODUC	TION.		

Thereby certify that the information above is true and complete to the best of my knowledge and belief.

SKINATURE SIGNATURE EDDIE J. GELWICK

THE Operations Coordinator DATE 7/6/89

TYPE OR PRINT NAME EDDIE J. GELWICK

TELEPHONE NO. 214/739-1778

TOTAL PROPERTY OF State Use)

JUL 1 2 1989

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-