			16 8	,	
Subាំវែ 3 Copies to Appropriate	State of New Me	(a)	( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Form C-103	3
District Office Energy DISTRICT I	. Minerals and Natu	ural Resources	WELL API NO.	Revised March 25, 1999	
1625 n. French Dr., Hobbs, NM 88240 DISTRICT II	CONSERVATION		1	<b>5</b> -27722	
811 South First, Artesia, NM 88210 DISTRICT III	2040 South Pac	heco On RECEULT	5. Indicate Type of	of Lease	—
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8	505 ARTEO	6. State Oil & Ga	<u></u>	
DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E-5073-5		
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS	D REPORTS ON	WEELS	1.	r Unit Agreement Name:	<del></del>
DIFFERENT RESERVOIR. USE "APPLICATION			Parkche	ster "24" State	
1. Type of Well: Oil Well 区 Gas Well	er 🗌		•		
Name of Operator     Dominion Oklahoma Texas E&P Inc.	/		8. Well No.		
Address of Operator     14000 Quail Springs Parkway - Suite 6	600 - Oklahoma City,	OK 73134	9. Pool name or \ Outpost; [		
4. Well Location Unit letter J 1980' feel	from the South	line and 1650' feet	from theEast	line.	
Section 24 Tov	vnship 19S	Range 28E N	IMPM Eddy	County	
	10. Elevation (Show whe 3368'	ether DR, RKB, RT, Gr, etc.)			
11. Check Approp	riate Box to Indicate	e Nature of Notice, Repo	ort or Other Data	1	
NOTICE OF INTENTION		SUBSEQU	ENT REPORT	OF:	
<u> </u>	AND ABANDON X	REMEDIAL WORK		RING CASING	
	GE PLANS	COMMENCE DRILLING OPNS	ABANI	AND DONMENT	
PULL OR ALTER CASING MULTI COMP	PLE LETION	CASING TEST AND CEMENT	JOB []		
OTHER:		OTHER:			
<ol> <li>Describe proposed or completed operations. ((proposed work). SEE RULE 1103. For Multiple</li> </ol>	learly state all pertinent de Completions: Attach wellt	etails, and give pertinent dates, ir oore diagram of proposed comple	ncluding estimated datation or recompletion.	e of starting any pro-	
See attached P&A procedure.  Notify OCD 24 hrs. prior to an	y work don⊬	Salt gel mud co Brine W/25# c must be placed be	of get per bbl		
•					
I hereby certify that the information above is true and	complete to the best of m	y knowledge and belief.	<del>*************************************</del>		
SIGNATURE (Cala Musti	OM TITLE	Regulatory Specialist		DATE 08/09/02	
Type or print name Carla Christian			Telephone No.	405-749-5263	
(This space for State use)		A DA A	-		_
APPROVED BY	TITLE	Sull sen	D A	UG-2 1 2002	
Conditions of approval, if any:			*	-	

## **Dominion Exploration & Production**

