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Submit 3 Copies To Appropriate District Office	State of them intexted			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised March 25, 1999
District II					5-02267
811 South First, Artesia, NM 88210 District III	2040 South Pacheco			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE	FEE 🗆
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil &	Gas Lease No.	
	CES AND DEDCOTS C	NI WELL C		7 7 N	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name: STATE 4-5	
1. Type of Well:					
Oil Well Gas Well Other					
2. Name of Operator				8. Well No.	
3. Address of Operator				9. Pool name or Wildcat	
P.O. BOX 1176 Artesia NM 88211-1174				MILL MAN' GRBC	
4. Well Location		0.0	A11 11 1 4	11/12-111	THE GREG
Unit Letter/\dots	lele O feet from the	<u> 50u</u>	h_ line and	1980 feet from	n the WEST_line
Section 18	Township 19	S Rang	e 70 = N	VMPM Co	ounty Eddy
	10. Elevation (Show	whether D	R, RKB, RT, GR, et	(c.)	Juney 1= 28 V
***		35	21 GR		
11. Check A	Appropriate Box to In	ndicate N	ature of Notice,	Report or Other	Data
NOTICE OF IN	ITENTION TO:			SEQUENT RE	
PERFORM REMEDIAL WORK] Plug and Abando	И	REMEDIAL WOR	RK 🔯	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	ADAROGRACITY
OTHER:			OTHER:		
12. Describe proposed or compl	eted operations. (Clear	ly state all	1	d give pertinent date	s. including estimated date
of starting any proposed work) or recompilation.). SEE RULE 1103. For	Multiple C	ompletions : Attac	ch wellbore diagram	of proposed completion
Replaced to s	joints of	tu k	ing ANG	d replace	d pump
					193dE
				(2)	120,00
				(in the second	★ 😓
				- 13°	
				, ,	CALCEIVED TO 1
					CD - ARTESIA
					- VIA CALL
I heraby certify that the information	n ahove is top and as	lata to the L	ant of market		
I hereby certify that the information	above is true and comp	icic to the p	est of thy knowled!	ge and delief.	
SIGNATURE JOSTA	4		Owne		DATE_/-28-3001
Type or print name (This space for State use)	5 Fulton)		Telephon	e No. 505 746 478
APPPROVED BY Conditions of approval, if any:	2001-200	TITLE	Field Rep. H	,	DATE 2/5/2001