101 1320	
Submit 3 Copies To Appropriate District 1 3 9 101 73 7475 Office District I 1625 N. French Dr., Hobbs, NM 872400	ico Earra C. Los
Office District I	ICO Form C-103 Il Resources <u>Revised March 25, 1999</u>
811 South First, Artesia, NM 87210	DIVISION 6 Indicate Trace of Land
1000 Rio Brazos Rd., Aztec, NM 87410	
2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(DQ NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR S PROPOSALS.)	
1. Type of Well: Oil Well Gas Well 📮 Other Water Injec	tor
2. Name of Operator	Vell No
St. Mary Land & Exploration c/o Nance Petrol 3. Address of Operator	eum Corp. PDU 509 9. Pool name or Wildcat
<u>P. O. Box 7168 - Billings, MT 59103</u>	Parkway Delaware
4. Well Location	
Unit Letter P : 1210 feet from the S	line and <u>1210</u> feet from the <u>E</u> line
Section 35 Township 19S Range	e 29E NMPM County Eddy
10. Elevation (Show whether DR, H	RKB, RT, GR, etc.)
3334' H	
11. Check Appropriate Box to Indicate Natu NOTICE OF INTENTION TO:	
	SUBSEQUENT REPORT OF: REMEDIAL WORK I ALTERING CASING
PULL OR ALTER CASING MULTIPLE	COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT CASING TEST AND
<ol> <li>Describe proposed or completed operations. (Clearly state all pertine of starting any proposed work). SEE RULE 1103. For Multiple Com or recompilation.</li> </ol>	ent details, and give pertinent dates, including estimated date npletions: Attach wellbore diagram of proposed completion
I TORCA AND SWADDED DACK UNLIN NET BENERA	with 23,559 gallons gel and 42,740#'s = 14.4 BPM, Avg P = 930 psi, ISIP = 852#. Cleaned out sand to PBTD. Reran injection within 100' of porfs
12/11/00 Notified Peter Chester of BLM and	I Mark Ashley with NMOCD of difficulty settin ood upper Brushy Canyon in addition to curre
01/01/01 Before rate 0 BWPD @ 1100 psi, af	ter rate 450 BWPD @ 800 psi.
I hereby certify that the information above is true and complete to the best	t of my knowledge and belief.
	perations Engineer DATE 01/03/01
Type or print name Herb Thackeray	<b>Telephone No.</b> (406)245-6248
(This space for State use)	
APPPROVED BY RECEIPT ONLY TITLE	· · · · · · · · · · · · · · · · · · ·
APPPROVED BY     Order     TITLE       Conditions of approval, if any:	DATE_) (16 / C i

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## WELLBORE DIAGRAM PARKWAY DELAWARE UNIT #509



PBTD: 4344' FC TD: 4400'