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Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II 811 South First, Artesia, NM 87210 District III OIL CONSERVATION DIVISION 2040 South Pacheco	30-015-31011 V 5. Indicate Type of Lease
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. L-2634-3 B-7717-9 B-9379-8
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
(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.) 1. Type of Well:	CHAPS 12 STATE COM
Oil Well Gas Well X Other	0 W H N
2. Name of Operator BELLWETHER EXPLORATION COMPANY	8. Well No.
3. Address of Operator 1331 LAMAR, SUITE 1455, HOUSTON, TEXAS 77010-3039	9. Pool name or Wildcat
4. Well Location	TURKEY TRACK: MORROW
Unit Letter <u>G: 1650</u> feet from the <u>NORTH</u> line and	1800 feet from the EAST line
Section 12 Township 19S Range 29E	NMPM County EDDY
10. Elevation (Show whether DR, RKB, RT, GR, etc. 3394'	c.)
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
	SEQUENT REPORT OF:
	ABANDONMENT
PULL OR ALTER CASING L MULTIPLE L CASING TEST AND COMPLETION CEMENT JOB	x
OTHER: OTHER:	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 	
Spudded Well 5/26/00	
5/28/00 - 11-3/4" 42# H-40 casing set at 336'. Cemented w/ 400 sx Glass "C". Tested to 350 psi - 15 min, ok. WOC 19 hrs.	
6/3/00 - 8-5/8" 32# K-55 casing set at 3000'. Cemented w/(12094 sx 35-65 LTPO. (5 C. 1994)	
Tested to 1500 psi - 15 min, ok. WOC 21 hrs.	35-65 LTPO. (50 CO FCC 415 167)
	35-65 LTPO. (10 00 00 00 00 00 00 00 00 00 00 00 00 0
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<u>Resubmit</u> ToC I hereby certify that the information above is true and complete to the best of my knowledge and belie	· · · · · · · · · · · · · · · · · · ·
M. I IM	
SIGNATURE	DINATOR DATE06/08/00
Type or print name NANCY K. GATTI	Telephone No. 713-753-1492
(This space for State use)	R. RISTRICT II IIIN 1 5 2000
APPROVED BY	DATE

APPROVED BY_____ Conditions of approval, if any: