District Office	E-gy, Minerals and Natural Resources Departme	Form C-103 Revised March 25, 1999
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240	UIL CONSERVATION DIVISION	
	2040 Carrel D 1	30.015.01091
DISTRICT II 811 South First, Artesia NM 88210	Santa Fe, NM 87505 789 707	5. Indicate Type of Lease
DISTRICT III		STATE 12 FEE
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTION	CES AND REPORTS ON WEILCEIVED	7. Lease Name or Unit Agreement Name:
I (DO NOT USE THIS FORM FOR PRO	OPOSALS TO DOUL OR TO DESCRIPTION AND TO A PERSON AND TO A PER	
1. Type of Well:	CATION FOR PERMIT" (FORM \$201) FOR SUCH PROPOSALS	Exxon State
Oil Well 🖾 Gas Well	Other Other	
2. Name of Operator Del Taylor		8. Well No.
3. Address of Operator		
1403 W. EDWARDS CA	arlsbad, N.M. 88220	9. Pool name or Wildcat Magruder Yates
4. Well Location	3520	7,041,000 72,723
Unit letter J	1450 5000 1 2 11 11	
1	1650 feet from the South line and	1650 feet from the East line
Section 15	Township 215 Range 27E	NMPM Eddy County
the amountable transcription of the second	10. Elevation (Show whether DF, RKB, RT, GR, etc.) selection of the selection of the
	eck Appropriate Box to Indicate Nature of Noti	ce Penart or Other Day
MOTICE OF IMI	ENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLIN	
PULL OR ALTER CASING		ABANDONMENT
	MULTIPLE CASING TEST AND CI	EMENT JOB
OTHER: TEMPORORY Ab.	andon Ø OTHER:	
Describe proposed or completed or	perations (Clearly state all	at dates, including estimated date of starting any
	or professions. Attach welloofe diagram of prof	Posed completion or recompletion
Well has 7 ca	using to 175' from the surface	• •
Oct. 16 2000 t	he well was bolad until a	station in the finish
	ed to be 211' from the sur	
bottom of	the casing: this determination	requested by Mr. In Gum.
T 06.	and the second of the second o	1-1 £ - 1/
lemporary Man	ndowment status is requ	ested to the unit,
as alleusees	with Mr. Time Gum.	
	ing the state of t	/
	Harten	
		7
I hereby certify that the information above	e is true and complete to the best of my knowledge and belief.	
SIGNATURE Sel Toulon	_	•
	TITLE Operator	DATE 11/4/00
Type or print name Del TAY	lor	Telephone No. 887 - 25 70
(This space for State use)		. 00, 25,0
APPROVED BY Oling	TITLE FIELD REPI	11 11 11 11
Conditions of approval, if any:	TITLE //E/G /CF/	DATE_//-\2/-00
/		