				C') 7(1	
Submit 3 Copies To Appropriate District Office		New Me	-		Form C-103
District I	Energy, Minerals	and Natur	al Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION			30-015- 21631	
811 South First, Artesia. NM 87210 District III	2040 South Pacheco			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe. NM 87505			STATE FEE X	
District IV 2040 South Pacheco, Santa Fe. NM 87505				6. State Oil & G	as Lease No.
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.)				Tracy D	
1. Type of Well: Oil Well Gas Well Mother					
2. Name of Operator				8. Well No.	
	JSA Inc.		16696	(
3. Address of Operator	OX 50250 MIDLAND,	TX 79710	-0250	9. Pool name or V	Vildcat + Morrow
4. Well Location	ON SUZSU MIDDAIND,	171 77710	0230	Dai John I (4	1 10011000
V	1900	< 11	,. , ,	GAA CC.	unio Indoné ilia
Unit LetterK	: 1980 feet from the	- Jon H	line and	reet from	n the West line
Section 33			nge 27E	NMPM	County EDDY
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
·	Appropriate Box to In	dicate Na	ture of Notice	Report or Other I	Data
	NTENTION TO:			SEQUENT REI	
PERFORM REMEDIAL WORK		-	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON				ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND	ABANDONMENT
OTHER: Gas Well Shut-Ir		on XX	OTHER:		
12. Describe proposed or compl					
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion					
or recompilation.					
	RESPECTFULLY REQUE				
	N PRESSURE TEST. MATION DAMAGE IN T			CEPTION IS TO	
	S OF PRODUCTIVITY.			BE SHUT-IN FOR	۴
REASON, A SHU	T-IN PRESSURE TEST	. MOULD	BE CONDUCTED	AT THE TIME.	70.750 c
FTP 125	GAS 9 MCFI) OI	L 💪 BPD	WATER O BP	タ (を) D - 乾がか
					11765 176
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I hereby certify that the informati	ion above is true and comp	iete to the i	best of my knowled	ige and belief.	
SIGNATURE /	The state of the s	_TITLE	REGULATORY	ANALYST	DATE 7/6/99
Type or print name	DAVID STEWART			Telephone No. 915	5-685-5717
(This space for State use)	dina les la.	رمید	0.4		
APPPROVED BY	Sim W. Su	TITLE	Kuti	ect Supervu	DATE 7-13-95
Conditions of approval, if any:					