Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 1-1-89	P	İ

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Form C-103	₽
Revised 1-1-89	V 1

U/) U/v 1090 U/Ahha NIM 99770	RVATION DIVISION O. Box 2088	WELL API NO.		
	w Mexico 87504-2088	5. Indicate Type of Lease STATE FEE X		
EISTRICT III 1300 Rio Brazos Rd., Aztec, NM 87410		STATE FEE X 6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORT (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR	TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICAT (FORM C-101) FOR SUCH PROP	OSALS.)			
I. Type of Well: Oil GAS WELL X OTHE	TE BEIVED	Challenger Rayroux		
2 Name of Operator TXO Production Corp.	APR 28 '89	8. Well No.		
3. Address of Operator	ALK CO 93	9. Pool name or Wildcat		
415 W. Wall, Ste. 900, Midland, TX	79701 (- C. D.	La Huerta (Wolfcamp)		
4. Well Location Unit Letter P: 660 Feet From The	South OFFIEE Line and 66	60 Feet From The East Line		
Section 19 Township 21-	S Range 27-E	NMPM Eddy County		
10. Elevation	(Show whether DF, RKB, RT, GR, etc.) 68' KB 3147' GL			
11. Check Appropriate Box to	Indicate Nature of Notice, R	Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK XX PLUG AND ABAN	FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TE:MPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND C	CASING TEST AND CEMENT JOB		
O'THER:	OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertwork) SEE RULE 1103.	inent details, and give pertinent dates, incl	uding estimated date of starting any proposed		
1. MIRU pulling unit. Pressure				
rules. Kill well. Release p 2. TIH with hydrostatic bailer				
w/bailer.3. TIH w/on-off tool, sliding s	leeve & thg. Latch onto	o okr. Swb backside down		
and produce Wolfcamp up te a	nnulus.	-		
4. Close sleeve. RU wireline. plug. POH w/plug. Swab Morr	_ _	ssure tubing w/N ₂ . Equalize		
5. Run packer leakage test.				
6. Place both zones on producti	on.			
I hereby certify that the information above is true and complete to the best of in				
SIGNATURE CONTROLLES	mre Drilling H	Engineer DATE 4/20/89 (915) 682-7992		
TYPE OR PRINT NAME Tim Goudeau		(913) 002-7992 TELEPHONE NO.		
(This space for State Use) Original Signed	B∀			
APPROVED BY Miles William		DATE MAY 4 1989		