

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

c151
Op

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-24941
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(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: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name MCCORD "A"
2. Name of Operator VERNON E. FAULCONER, INC.	8. Well No. 1
3. Address of Operator P.O. BOX 7995 TYLER, TEXAS 75711	9. Pool name or Wildcat BURTON FLAT STRAWN/MORROW
4. Well Location Unit Letter <u>P</u> : <u>560'</u> Feet From The <u>EAST</u> Line and <u>660</u> Feet From The <u>SOUTH</u> Line Section <u>19</u> Township <u>21S</u> Range <u>27E</u> NMPM <u>EDDY</u> County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: COMMINGLE OPERATION <input checked="" type="checkbox"/>

12. 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.

SLIDING SLEEVE BETWEEN MORROW & STRAWN FORMATIONS
OPENED 4-27-01. COMMINGLING ORDER DHC-2872



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>[Signature]</u>	TITLE <u>ENGINEER</u>	DATE <u>8-22-01</u>
TYPE OR PRINT NAME	TELEPHONE NO.	

(This space for State Use)

APPROVED BY <u>[Signature]</u>	TITLE <u>Field Rep ID</u>	DATE <u>8-30-01</u>
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CONDITIONS OF APPROVAL, IF ANY: