m C-103 lsed 1-1-89	d

Submit 3 Copies to Appropriate District Office	Stat Energy, Minerals ar	e of New M nd Natural I	fexico Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM	88240 OIL CONSE	RVATION BOX 20	ON DIVISION	WELL API NO.	
DISTRICT II	~	^ =		30-015-	-26048
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		5. Indicate Type of Lease STATE XX FEE			
				6. State Oil & (Gas Lease No.
1 (DO HO! OSE THIS FOR	DRY NOTICES AND REPORT RM FOR PROPOSALS TO DRILL OR RENT RESERVOIR. USE "APPLICAT (FORM C-101) FOR SUCH PROPO	TO DEEPER	OD DILIC DACK TO A	7. Lease Name	or Unit Agreement Name
Oil. Well. 2. Name of Operator	GAS OTHE	ZR.		Dinero-E	Exxon 22 State
	PERATING COMPANY		JAN 26 '89	8. Well No.	. 1
	10707		၁. C D	9. Pool name or	Wildcat
4. Well Location	wer 10505, MIdland, Te	xas 797	02	Catclaw D	raw (Delaware)
	: 660 Feet From The N	lorth	Line and 660	Feet Fro	
			DF, RKB, RT, GR, etc.)	MPM E	ddy County
11.	<i>[[[[[]]</i>]]]] 3	444.3 G	.L.		
NOTICE	Check Appropriate Box to OF INTENTION TO:	moicate i	Nature of Notice, Re	port, or Othe SEQUENT 1	er Data REPORT OF:
PERFORM REMEDIAL WORK	K PLUG AND ABAND	NON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS. XX	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CEN	MENT TOP XX	
OTHER:			OTHER:		
12. Describe Proposed or Compwork) SEE RULE 1103.	pleted Operations (Clearly state all pertina	ent details, an	d give pertinent dates, includi	ng estimated date o	of starting any proposed
01-19-89	Move in rotary rig.				
01-23-89	Drill 12 1/4 hole to Ran 45 jts. 8 5/8 24#	casing #	• Cement with 8	320 unit Ps	S Lite and
	Premium Neat Cement. Plug Down 12:15 CST. Circ. 327 sxs cement Tested Shoe, Drill ah	Witnes to pit	sed by Mike Stub	blefield.	

A				
I heroby certify that the information ab	ove is true and complete to the best of my kno	wiedge and belief		
SIONATURE (LUCIO	2 Kliston	me Production Clerk	DATE01/25/89	
TYPE OR PRINT NAME	,			
			TELEPHONE NO.	
(This space for State Use)	Original Signed By Mike Williams			
AITROVED BY	mike willams	TITLE	JAN 2 7 1989	
CONDITIONS OF APPROVAL, IF ANY:			DATE	