## Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

MAR

- DATE -

District Office	Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	
P.O. Box 2088 RECEIVED	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	30-015-26626
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	5. Indicate Type of Lease STATE X FEE
O. C. D.  ARTESIA, OFFICE	6. State Oil & Gas Lease No. K-4474
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)	7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL GAS WELL X WELL OTHER	
2. Name of Operator	\$alomeh
Corinne Grace	8. Well No.
Address of Operator	#1
· ·	9. Pool name or Wildcat
P.O. Box 1418 Carlsbad, New Mexico 88220  D. Well Location	Cabin Lake Delaware
Unit Letter M: 330 Feet From The West Line and 330	Feet From The South Lin
Section 36 Township 21 South Range 30 East	IMPM Eddy County
10. Elevation (Show whether DF, RKB, RF, GR, etc.) 3249.6 GR	
1. Check Appropriate Box to Indicate Nature of Notice, Re	port, or Other Data
	SEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. X PLUG AND ABANDONMENT
JLL OR ALTER CASING CASING TEST AND CEN	
THER: OTHER:	
2. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	ng estimated date of starting any proposed
Mowe in and rig up Cactus rig #53. Spud well with 17½" Drilled 17 1/2" hole to 415'. TD 17 1/2" hole at 11:00 A 10 joints, 418' of 13 3/8" 54.50# J-55 ST&C csg. Set @ 4 Class "C" + 2% CaCl2. Circulated 150 sx. to pit. Plug d NMOCDMike Stubblefield witnessed running casing and cem Test casing and head to 1000# for 30 min and held OK. Dr	M 2-7-91. Rig up and run 15'. Cement with 600 sx own at 3:45 PM 2-7-91. enting. WOC for 24 Hrs
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Agent  TYPE OR PRINT NAME  FIRE LEFT	DATE 2-10-91
MONTH Sen Sell	DATE 2-10-91 TILEPHONE NO. 622-7355

SUPERVISOR DISTRICT IT

APROVED BY-

CONDITIONS OF APPROVAL, IP ANY: