Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, OF ANY

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

$cl_n^{sr}$	
W	Form C-103 Revised I-1-89

DISTRICT

	1	A CONCESS T-1-5	9	
WELL API NO.	<del>30-015</del>	3037	9	
5. Indicate Type of L	CZEC STATE		FF	_
6. State Oil & Gas L				

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION	ON DIVISION WELL API NO. 30 015 30379
P.O. Box 20	100
P.O. Drawer DD, Ariesia, NM 88210  Santa Fe, New Mexico  DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	5. Indicate Type of Lease  STATE FEE  6. State Oil & Gas Lease No.
SUNDRY NOTICES AND DEPORTS ON WE	
SUNDRY NOTICES AND REPORTS ON WE  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR USE APPLICATION DEEPEN	l am militar =
	RMIT 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	Airport 35
OIL GAS WELL CTHER	
2 Name of Operation PRODUCING COMPANY	8. Well No.
3. Address of Ocerator DOV 10240 William	
3. Address of Operator. BOX 10340, Midland, Texas	79702 9. Pool Wind of White:
4. Well Location M 990 South	
Unit Letter	990 West Line and Feet From The
35 22-S	Line and Feet From The Line 26-E Eddy
Rar	rice FCCCY
10. Elevation (Show whether I	Jr, RKB, RI, GR, etc.)
II. Check Appropriate Box to Indicate N	lature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSECUENT DEPORT
PERFORM REMEDIAL WORK PLUG AND ABANDON	SUBSEQUENT REPORT OF:
EUCODICII VARANDON	REMEDIAL WORK ALTERING CASING
	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB Filling
	OTHER:
12. Describe Proposed or Completed Commissions (Ct. )	Omen.
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and work) SEE RULE 1103.	give pertinent dates, including estimated date of starting any proposed
9/01/98 TD 40'. Y: MIRU Auger Air. Sp	oud well 1030 hrs CDT 8/31/98.
	72 324 25 26 27 28 28 B
	3232 4
	/27 * 751

	2			11018818
SIGNATURE TWO	ordizion above is true and complete to the foest of my know	edge and belief. Division	Operations Mgr	9/09/98
TYPE OR PRINT NAME			TELEP	HONE NO.
(This space for State Use)	ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR			
APPROVED BY		m.e	0.47	10.20.58
CONDITIONS OF APPROVAL	TO LLEY.		DATE	7 - 60 -0



्राप्त कर पश्चित प्रदेशन कर्षा करिया है। संस्थानिक स्थापन करिया है कि स्थापन करिया है।