Submit 3 Copies

State of New Mexico



FEB

9 1995

to Appropriale District Office	Energy, Minerals and Natural	Resources Department		Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. IF N. 1	SVERMEN S	WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	o 87504-2088	30-015-20)885	
DISTRICT III		JAN 31 1995	5. Indicate Type of L	ease STATE X FEE	: []
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le L-1649 &	235e No. K-3403	
DIFFERENT RESER	CES AND REPORTS ON WIDPOSALS TO DRILL OR TO DEEPERVOIR. USE "APPLICATION FOR POPOSALS.)	NING OF TO A	7. Lease Name or Uni	it Agreement Name	
1. Type of Well: Oil OAS WELL 2. Name of Operator	OTHER	Lax V	South Carlsb	oad Gas Com No.	2
Rhombus Energy 3. Address of Operator	Company	W 11 W	8. Well No.	1	
200 N. Loraine, S	Suite 1270, Midland,	rx 79701	9. Pool name or Wildo Und. Str		
4. Well Location			<u> </u>		
Unit LetterJ :165	Peet From The South	Line and19	Feet From The	, <u>East</u>	Line
Section 27	Township 23-S R	lange 26-E	NMPM	<u>Eddy</u> Cou	ntv
	10. Elevation (Show whether 3289	r DF, RKB, RT, GR, etc.)			
11. Check A	appropriate Box to Indicate	Nature of Notice, Re	port, or Other Da	<i>(////////////////////////////////////</i>	
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	_	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		IG AND ABANDONMEN	 □
PULL OR ALTER CASING		CASING TEST AND CEN	_	G AND ABANDONMEN	[]
OTHER:		OTHER: Plug back		n Zone	X
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, a	1			
tubing and set par	Pull 2 7/8" tubing. rmation 10,517-527'. cker @ 10,206'. Perf Cl and 85 ball sealer	Nipple down BOP Strawn 10 290-39	le Dun 2 2/0	20	
F 450 MCFD, 0 BCP	D, 30 BWPD, 300# FTP.			8//8	
		,		RECEIVED OCD - ARTES	Ä
				Carrie	
I hereby certify that the information above is true as	nd complete to the best of my knowledge and	belief.			
SIGNATURE // COURTY /MI	ffen m	z Admin. Asst.	D	ATE 1/27/95	_
TYPEOR PRINT NAME Mabry Knift	ren		π	(915) ELEPHONE NO. 683-88	373
(This space for State Use RIGINAL SIGNS DISTRICT IS SUP	ed by tim w. Gum				
	100日本は日代9年月最後			FFR 9 100	מה