## Submit 3 Copies to Appropriate District Office

## State of New Mexico rgy, Minerals and Natural Resources Departs

Form C-103 C S F Revised 1-1-89
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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

Form C-103 C	1 <u>2</u> ′
Form C·103 C Revised 1-1-89	Up
	- 7

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

Santa Fe, New Mexico 87504-2088

Indicate Type of Leas	se	
	STATE	FFF X

- DATE -

WELL API NO.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	. 19 1년 - 영향 (19 19 19 19 19 19 19 19 19 19 19 19 19 1	STATE FEE
	<b>9</b> , <b>9</b> , 3,	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION (FORM C-101) FOR SUCH PROPOS	DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER		INGALLS
2. Name of Operator  FLANE OIL, TWC.  3. Address of Operator		8. Well No.
3. Address of Operator  LO > R.R. 620 S. AUSTIM	7 7 8 8 3 8 8	9. Pool name or Wildcat
4. Well Location Unit Letter G . 1650 Fort From The	77 38354	E. LOUING DELAWARE
Unit Letter G: 1650 Feet From The 10	Line and 198	C Feet From The EAST Lin
10. Elevation (Short	S Range Z S - F 1 w whether DF, RKB, RT, GR, etc.)	NMPM EODY County
11. Check Appropriate Poy to In-	O, Y GR	
Check Appropriate Box to In NOTICE OF INTENTION TO:	cate Nature of Notice, Re	eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	<u> </u>	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	<del></del>
PULL OR ALTER CASING	CASING TEST AND CEN	<del></del>
OTHER:	OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent awark) SEE RULE 1103.</li> </ol>	details, and give pertinent dates, includi	ng estimated date of starting any proposed
1. PULL RODS PUMP: TUBING	<del>s</del> .	
3. PERF 6094-6194		
T. KUN TUBING W/ APPOUR	ET II PACKER	
6. PULL UP ACID ACROSS	PERFS.	
		SAND
9. FLOW AND OR PUMP	Test.	•
hereby certify that the information above is true and complete to the jest of my knowle	do adoli 6	
SIGNATURE SIGNATURE		5NT DATE 1-9-91
YPE OR PRINT NAME H.T. COOK		DATE
This space for State Use) ORIGINAL SIGNED BY		20, 1346
PPROVED BY SIPPONE OF INC.	— TTT 2	JAN 1 5 1991

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CONDITIONS OF APPROVAL, IF ANY: