5 bmit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

C12,1		_
Form C-103	0	
Revised 1-1-89		

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION P.O. Box 2088

Indicate '	ype of Lease	

WELL API NO.

TO LOTTING CATE IT	Camba Ca Maus Marsina	07E01 1000		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	MAY 31 90	5. Indicate Type of Lease STATE FEE K	
DISTRICT III	10			
1000 Rio Brazos Rd., Aztec, NM 8741	.0	C . D.	6. State Oil & Gas Lease No.	
CUNDOVANO.	OTIOFO AND DEDODTO ON WE	ARTESIA, OFFICE		
	OTICES AND REPORTS ON WEL PROPOSALS TO DRILL OR TO DEEPEN			
	SERVOIR. USE "APPLICATION FOR PE		7. Lease Name or Unit Agreement Name	
	M C-101) FOR SUCH PROPOSALS.)			
1. Type of Well:			South Culebra Bluff	
OIL GAS WELL X	OTHER			
2. Name of Operator			8. Well No.	
RB Operating Comp	any		4	
3. Address of Operator			9. Pool name or Wildcat	
2412 N. Grandview	, Suite 201, Odessa, Tx.	79761	E. Loving (Delaware)	
4. Well Location				
Unit LetterA :	660 Feet From The North	Line and $\underline{560}$	Feet From The East Line	
	0.00	200	E11	
Section 23	Township 23S R		NMPM Eddy County	
	3012. RKE	•	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
<u> </u>			Y Y D I D I I I I I I I I I I I I I I I	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF	INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
PERFORM REINEDIAL WORK	T PEGG AND ABANDON	TIENEDIAL TOTAL		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: Recomp1	etion [5	
		<u> </u>		
 Describe Proposed or Completed C work) SEE RULE 1103. 	Operations (Clearly state all pertinent details, a	and give pertinent dates, inclu	ding estimated date of starting any proposed	
2/2//00 Sot CIRI	P 0 6300' w/2 sys cement	on top.		
3/24/90 Set CIBP @ 6300' w/2 sxs cement on top. Ran CBL & perforated 6183,89, 6200,02,16,18,21,22,43 & 44.				
3/27/90 Acidized	d w/1000 gals. 10% acid &	fraced w/13.000	gals. 30# gel	
	000# 20/40 sand.			
•	and testing.			
2/20/20 170/116				

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Area	Manager DATE 5/24/90 (915)
TYPE OR PRINT NAME F.D. Schoch	TELEPHONE NO. 362-630
(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS	<i>31</i> May ≥9 1990

SUPERVISOR DISTRICT IF TITLE

CONDITIONS OF APPROVAL, IF ANY: