Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			30-015-26122		
			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	FEE X	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESERV	OIR. USE "APPLICATION FOR	PERMIT"	7. Lease Name or Unit Agreement Nam	e	
	01) FOR SUCH PROPOSALS.)	RECEIVED	Pardue Farms 27		
1. Type of Well:			Pardue raims 27		
OIL GAS WELL WELL	OTHER S	√D -0.00			
2. Name of Operator		JUL 20 89	8. Well No.		
Parker & Parsley Petrol	eum Company 🗸		8		
3. Address of Operator		O. C. D.	9. Pool name or Wildcat		
P. O. Box 3178, Midland	, Texas 79702	ARTESIA, OFFICE	Delaware (Bell Canyor	1)	
4. Well Location Unit Letter H . 206	9 Feet From The North	Line and 63	2 Feet From The East	Line	
27	22.0	20 17	P.44	County	
Section Z	1 OWN SOLD	Range ZO-E ther DF, RKB, RT, GR, etc.)	NMPM Eddy	77777777	
	3033.1 G		V/////////		
11. Check A	ppropriate Box to Indica	ite Nature of Notice, I	Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		L TNAMNOC	
PULL OR ALTER CASING		1	CASING TEST AND CEMENT JOB		
OTHER:	[OTHER:Insta	11 pump & start injectio	on X	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent deta	ls, and give pertinent dates, incl	uding estimated date of starting any propose	od.	
7-7-89 Install Master	pmp & set Bethleham	n TP-4 w/2" plunge	er & 60 GP motor		
	switch. Started in				
	D rate, inj. press.				
. 0		-			
					
I hereby certify that the information above is true	and complete to the best of my knowled		7.10		
SIGNATURE	of Ciar	mne Dist. Opera	tions Mgr. DATE 7-13-	89	
TYPE OR PRINT NAME J. Micha	el Reeves		TELEPHIONE NO.		
(This space for State Use) ORIGINAL	SIGNED BY				
(Ima space for State Ose) ON IGH SAN			AIIC a	1 1989	
SUPERVI	SOR, DISTRICT II	_ TITLE	DATE		
APPROVED BY					