Submit 3 Copies to Appropriate District Office

APPROVED BY ---

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

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

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OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

WELL API NO. 30-015-26239

- DATE -

P.O. Drawer DD, Artesia,	NM 88210	Santa 1 c, 1 c		JAN -5 '90	5. Indicate Type	of Lease STATE	FEE K	
DISTRICT III 1000 Rio Brazos Rd., Aza	ec, NM 87410			2 Ma - 1 20	6. State Oil & Ga			
				0 C U.				
SUNDRY NOTICES AND REPORTS ON WELLS OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name or Unit Agreement Name			
1. Type of Well: OIL WELL [X]	GAS WELL	OTHER			Tel	edyne		
2. Name of Operator					8. Well No.	1		
	Resources	s, inc.			9. Pool name or	Wildcat		
	ig Spring,	Midland, TX	7970]	L	1	ving Dele	ware	
4. Well Location Unit Letter	C : 660	Feet From The N	orth	Line and19	80 Feet From	m The West	Line	
Section	14	Township 23S	Ras		NMPM	Eddy	County	
		10. Elevation (Sh	ow whether l	OF, RKB, RT, GR, etc.)				
11.	•	propriate Box to I		Nature of Notice, R	_			
NOT	ICE OF INTE	NTION TO:		SUE	SEQUENT F	REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK						ALTERING CASIN		
TEMPORARILY ABAND	ON	CHANGE PLANS		COMMENCE DRILLIN		PLUG AND ABAN	IDONMENT L	
PULL OR ALTER CASIN	1G 📙			CASING TEST AND C	EMENT JOB &			
OTHER:			[]	OTHER:				
12. Describe Proposed or work) SEE RULE 11		s (Clearly state all pertine	nt details, an	d give pertinent dates, incli	iding estimated date	of starting any propos	red	
12-27-89	8 5/8" 24	lbs J-55 ST	C Casi	ng. Cement Drill 124 Drill 124 Drill 124	ed w/350	sx Class (C+ 2% CA CL	
12-28-89	Drilling (718'						
	Drilling (1 (+.		0 9		
	Drilling (Net !	12:21	6 1		
	Drilling (-	tel come	1 1000	15-	
	Drilling (دعم ا				
	Drilling (fic	V 30 22	in of		
01-03-90	Drilling (5204'		, ,	v	1 1600 in 014		
I hereby certify that the info	ormation above is true an	d complete to the best of my h	mowledge and	belief.		_		
SIGNATURE	Medde		ттг	Agent.		DATE	1-3-90	
	O. H. Rout	ch				TELEPHONE NO.	<u>915-687-</u> 032	
(This space for State Use)								