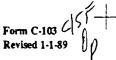
Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Mimerals and Natural Resources Department



E.	1-1
Form C-103	5, 1
Revised 1-1-89	UO .
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DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO		WELL API NO.
P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-015-26315	
P.O. Drawer DD, Artesia, NM 88210	Dania 1 c, New Mexico	57504 2 500	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
OUNDRY NOTICE	C AND DEDODTE ON WEL		LG 8793
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO	ES AND REPORTS ON WELDSALS TO DRILL OR TO DEEPEN DRILL USE "APPLICATION FOR PER 1) FOR SUCH PROPOSALS.)	OMPLYE BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X	OTHER	APR 23'90	Mosley Spring "32" State COM
2. Name of Operator	- <u></u>	O. C. D.	8. Well No.
Great Western Drill	ing Company	ARTESIA OFFICE	3
3. Address of Operator	-	••••	9. Pool name or Wildcat
P.O. Box 1659, Midl	and, Texas 79702		Und. Dark Canyon-Penn Gas
4. Well Location	Feet From The East	Line and 1,9	80 Feet From The North Line
Section 22 3 2	Township 23-S Ra	nge 25 – E DF, RKB, RT, GR, etc.)	NMPM Eddy County
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	3,849'GR_(•	\$(////////////////////////////////////
11. Check Ap	propriate Box to Indicate I	Nature of Notice, R	Report, or Other Data
NOTICE OF INTE	NTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Amended hole size X	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, as	d give pertinent dates, incli	uding estimated date of starting any proposed
AMENDED		ι	ŧ
	ze was changed to surface casing.	11" instead	of 12-1/4" at 423', after
I hereby certify that the information above is true at	nd complete to the best of my knowledge and	belief.	
SIGNATURE	уст п	Ass't. to	Gen. Supt. DATE 04-20-90
TYPE OR PRINT NAME M.B. Myers			TELEPHONE NO.(915) 682-524
(This space for State Use)			
	. Sec. 8		
APPROVED BY FOR RECORD	Only "	TLE	DATE