DISTRICTI P.O. Box 1980, Hobbs, NM 88240

OIL C NSERVATION DIVISION

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

30-015-2/510			
5. Indicate Type of Lease STATE	3	FEE	
6 State Oil & Good and No.	•		

WELL API NO.

	Come To Man	. Marica 8750	M_2088	30-01	J-27510	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia	, NM 88210 Santa re, New	Santa Fe, New Mexico 87504-2088		5. Indicate Type of	Lease STATE X	FEE
DISTRICT III 1000 Rio Brazos Rd., Az	zec, NM 87410			6. State Oil & Gas 1 K-6600	•	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) RECEIVED		7. Lease Name or Unit Agreement Name				
I. Type of Well: OIL WELL X	OAS OTHER		1993	Nash Unit	;	
2. Name of Operator	luction Company	O. 1.		8. Well No. #14 .		
3. Address of Operator		88202-103	0	9. Pool name or W Nash Drav	ideat v .Delaware	
4. Well Location Unit Letter	A 660 No		Line and 500) Feet From	The East	Line
Section	13 Township 23 Sou	ith Range	29 East	NMPM Eddy		County
	10. Elevation (show whether DF, R 3004 ¹ G	KB, RT, GR, etc.)			
11. NOT	Check Appropriate Box to FICE OF INTENTION TO:	Indicate Natu		Report, or Other BSEQUENT R		
ERFORM REMEDIAL	WORK PLUG AND ABAND	OON 🗌 RE	MEDIAL WORK		ALTERING CASING	3 D
EMPORARILY ABANI	DON CHANGE PLANS		MMENCE DRILLIN	G OPNS. X	PLUG AND ABAND	XONMENT
PULL OR ALTER CASI	ING	CA	SING TEST AND C	EMENT JOB X		
OTHER:	•	🔲 🗠	THER:		•	
12. Describe Proposed of work) SEE RULE 1	or Completed Operations (Clearly state all perti 1103.	nent details, and giv	e pertinent dates, incl	uding estimated date of	starting any propose	ď
07/04/93:	MIRU Grace Drilling 7/3/93. Drilled to casing. Cemented at 1/4# D-29 and 2% CaCI Plug down at 11:15 Pl 1000#. Held OK.	315'. F 315' with . per sach	Ran 11 joi h 400 sack k. Circul	ints (323') s Premium l ated 85 sac	13 3/8" Plus with cks cement	48# H40 5# D-42, to pit.
07/07/93:	Drilled to 3045'. Cemented at 3045' wi D-29 per sack. Tail sack. Circulated 20 7/7/93. WOC 24 hour	th 1075 s . in with O sacks c	acks 35/65 200 sacks	Poz C wit: Class "C"	h 5# D-44 with 5#	and 1/4# D-44 per
I hereby certify that the is	nformation above is true and complete to the best of n	ny knowledge and belie	ſ.			
SIGNATURE	\cdot \cap h \cdot	TILE -	D - 1	Supervisor	DATE	/7/93
TYPE OR PRINT NAME	Carol J. Garcia				TELEPHONE NO.	505-622-112
(This space for State Use	ORIGINAL/SIGNED BY MIKE WILLIAMS					2 6 1991
APPROVED BY	SUSERABOR DISTRICT IN	me.			DATE	

CONDITIONS OF APPROVAL, IF ANY: