Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

89

1300	Form C-103 Revised 1-1-
m	

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION	1
1.O. BOX 1800, HODDS, NIN 60240	2040 Pacheco S	t.	WELL API NO. 30-015-30416
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	8/505	sIndicate Type of Lease
DISTRICT M			STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			State Oil & Gas Lease No.
CLINDDV NO	OTICES AND DEDOCTO OLIVIA	<u> </u>	LG 5173
I INO NOT USE THIS EARL FOR I	OTICES AND REPORTS ON WARPPOPOSALS TO DRILL OR TO DEEPE	N OR PHUG BACK TO A	
DIFFERENT RES	ROPOSALS TO DRILL OR TO DEEPE SERVOIR. USE "APPLICATION FOR P M C-101) FOR SUCH PROPOSALS.)	RECEARTESIA	⁷ Lease Name or Unit Agreement Name Baldridge Canyon 12 St Com
¹Type of Well:	is in the contract of the cont	OCU YKIT	
OIL GAS WELL X	OTHER	90-	
2Name of Operator Mewbourne Oil Company			eWelf No.
3Address of Operator			Pool name or Wildcat
PO Box 5270, Hobbs, New Mex	rico		Baldridge Canyon Morrow
4Well Location Unit LetterC :990	Feet From The North	1650	
OTH Letter :	Feet From The NΟΠΛ	Line and 1650	Feet From The West Line
Section 12	Township 24 S	Range 24 E	NMPM Eddy County
	₁₀Elevation (Show whether D	F, RKB, RT, GR, etc.)	
11 Check	Appropriate Box to Indicate I	Mature of Nation De	nort or Other Det
	NTENTION TO:	1	
		, SOR	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS. PLUG AND ANBANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	ENT JOB
OTHER:		OTHER: Adding Addit	tional Morrow Perforation
12Describe Proposed or Completed Operat	ions (Clearly state all pertinent details, and g	i	
work) SEE RULE 1103.		•	and any properties
4/03/00 Perforate Morrow @ 1	0,398-10420'. 6 SPF. 90 Holes. Pu	t back on line.	
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I hereby certify that the information above	is true and complete to the best of my knowle	edge and belief.	
SIGNATURE 4 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		TITLE District Manager	07.24.00
4111 1/1-2		TILE DIGITOR INGINAGE	DATE 07-31-00
TYPE OR PRINT NAME N.M. Young			TELEPHONE NO. 505-393-5905
(This space for State Use)		_	0000
ADDROVED DV	Sim W. Bem , Oper. To submit	District.	Sugarican AUG 28 2000
CONDITIONS OF APPROVAL IF ANY	7	TITLE	DATE
The state of the s	Oper. To Submit	CIZZ for a	pproval
	Tien to the second seco	(X)	•