## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, H	lobbs, NM 88240		Box 208	38	WELL API NO. 30-039-23613	
DISTRICT II P.O. Drawer DD,	, Artesia, NM 88210	Santa Fe, New M	Mexico	87504-2088	5 Indicate Type of Lease	
DISTRICT III	D4 A ND4 97410				STATE FEE X	_
1000 Kio Brazos	Rd., Aziec, NM 87410				6. State Oil & Gas Leese No.	
( DO NOT USE	E THIS FORM FOR PRODIFFERENT RESE	ICES AND REPORTS OPPOSALS TO DRILL OR TO RVOIR. USE "APPLICATION -101) FOR SUCH PROPOSA	DEEPEN FOR PE	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	<b>Z</b>
1. Type of Well OIL WELL X	CAS WELL				Dn Daddy O	
2. Name of Ope		ОТНЕВ			Dr. Daddy-0	$\dashv$
•	x Energy Compa	ny			1	
3. Address of O	· <del>··</del>	:dland TV 70702			9. Pool name or Wildcat	
4. Well Location		idland, TX 79702			Gavilan Mancos	$\dashv$
Unit Le	tter <u>C</u> : <u>9</u>	10 Feet From The Non	th	Line and1850	Feet From The West L	ine
Section	33	Township 25-N		nge 2-W	NMPM Rio Arriba County	,
		/////X		DF, RKB, RT, GR, etc.)		
<u>/////////////////////////////////////</u>	//////////////////////////////////////	7233 ' Appropriate Box to In		Nature of Notice R	enort or Other Data	
11.	NOTICE OF IN	* * *	uicaic i	•	SEQUENT REPORT OF:	
				REMEDIAL WORK	ALTERING CASING	
	EDIAL WORK	CHANGE PLANS				
TEMPORARILY /				COMMENCE DRILLING		
PULL OR ALTER	R CASING APRO			CASING TEST AND CE		Ѿ
OTHER:	OIL CO		_ [_]	OTHER: To clean		X
12. Describe Prop work) SEE R		inno Clearty state all pertinent	details, ar	nd give pertinent dates, inclu	ding estimated date of starting any proposed	
3/15/90	MIRU Aztec W POH w/rods &		ead, N		annulus w/25 bbls, CP 75 psi, it, bit sub, x-over, 5-1/2" cs	
3/16/90	2 ball subs,		pkr, 2	2-7/8"x 2-7/8" x	os, 2 Hy-tech pumps in tandem, k-over, 7 jts 2-7/8" tbg, trap ilpipe at 7432'.	
3/17/90	Swab/ contin	ue surging.				
3/18/90	Set RBP @ 70	53'/ set PKR @ 67	40'.			
3/20/90	Surging hole	/ swab.				
3/21/90	Unseated pkr	/ POOH/ RIH w/ tb	g and	SN. SN @ 7192.	(Continued on Page	-2-
I hereby certify the	at the information above is tru	e and complete to the best of my kno	wiedge and	belief.		
SIONATURE	Moria Z	Pess	m	Proration Ana	VAIE	
TYPE OR PRINT NA	AME Maria L. P	erez			(915) TELEPHONE NO. 688-03	75
(This space for Sta				MANAMANCINE DICTOR	OT MA A DD 0 4 101	-

Original Signed by FRANK T. CHAVEZ

TILE .

PAR N A 1990

APTROVED BY-

Page 2 Dr. Daddy -0 #1

12. Describe Proposed or Completed Operations -

3/22/90 RIH w/Pump & Rods.

3/30/90 24P 0B0 0BW 75 MCF NFL.