Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

SEP 3 0 1992

District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-59		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-039-25190	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-208			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	rection	6. State Oil & G	STATE FEE X		
SUNDRY NOTICE	CES AND REPORTS ON W	<del></del>	111111111111111111111111111111111111111		
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER		EN OR PLUG BACK TO A	7. Lease Name of	or Unit Agreement Name	
1. Type of Well:			Garcia A-W		
WELL K WELL OTHER			(formerly Q2-3)		
2 Name of Operator DEKA Exploration, Inc.			8. Well No.		
3. Address of Operator	C.		9. Pool name or	<u>Vildest</u>	
P.O. Box 14057 Oklahoma City, OK 73113			Wildcat-Morrison		
4. Well Location				······································	
Unit Letter H: 2200	Feet From The North	Line and500	Feet Fro	m The East Line	
Section 24	Township 31 North	Range 2 East	NMPM Rio	Arriba <b>Co</b> unty	
	////X	her DF, RKB, RT, GR, etc.)			
	<del></del>	8' GR		- <i>X</i> 111111111111111111111111111111111111	
	Appropriate Box to Indicat		•		
NOTICE OF INT	ENTION TO:	SUB	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND C			EMENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	One (Clearly state all pertinent details	, and give pertinent dates, inclu	ding estimated date	of starting any proposed	
Spudded well on 8-15 w/332 sks Standard C	-92. Set 8 5/8" ement with 2% KCL	surface casing and 2 lbs/Bbl	to 448'. Flo-Seal	Cemented •	
		12 (12 miles) 12 (12 miles) 12 (12 miles) 12 (12 miles) 12 (12 miles)	EUE		
		i N			
		***	SEP 3 0 199	3 <b>2</b>	
		0	IL CON.	, a	
			DIST. 3		
I hereby certify that the information above in true	and complete to the best of my knowledge	and belief.			
SIONATURE	[molor]	mue President		DATE 9/23/92	
TYPEOR PRINT NAME James L.	Nondorf	405-749-	0004	TELEPHONE NO.	

SUPERVISOR DISTRICT # 3

Original Signed by FRANK T. CHAVEZ

(This space for State Use)