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APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

___ DATE _

to Appropriate District Office	Energy, Minerals and Natu	rai Kesources Depa	Revised 1-1-89
DISTRICT I	OIL CONSERVATION		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pachec		30-045-29706
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	10/303	5. Indicate Type of Lease STATE FEE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	,	Can march	6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON W	PLS 000	
(DO NOT USE THIS FORM FOR PI DIFFERENT RESI (FORM C	ROPOSALS TO DRILL OR TO DEE ERVOIR. USE "APPLICATION FOR PE 1-101) FOR SUCH PROPOSALS.)	N ORE DIG BACK TO A	7 Lease Name or Unit Agreement Name Rowl and Gas Com A
1. Type of Well:	(2)	0.0	SI
ÖIL GAS WELL X	OTHER \(\frac{\fir}{\fint}}}}}}}}{\frac}}}}}}}}{\frac{		
2. Name of Operator		65/0C/3	8. Well No.
Cross Timbers Operating Comp	oany	Cayarar	1
	K. Ste 1 Farmington, NM 87	7401	9. Pool name or Wildcat Basin Fruitland Coal
4. Well Location Unit Letter A : 1,18	Feet From The North	Line and1,2	70 Feet From The East Line
Section 25	Township 30N Ra		NMPM San Juan County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc	:.)
Classia A	///////	5,613' GR	Person on Other Date
•	• • •		ce, Report, or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB L
OTHER: Recomplete to Fruitlar	nd Coal X	OTHER:	
 Describe Proposed or Completed C work) SEE RULE 1103. 	peration \$Clearly state all pertinent de	etails, and give pertinent	dates, including estimated date of starting any propo
It is proposed to recomp Coal Pool (71629).	olete this well from the Azt	tec Pictured Cliffs	s pool (71280) to the Basin Fruitland
	e the existing Pictured Clin 1,804'-22'. The Fruiland co		1,861'-75') and the Fruitland coal and tested.
The Pictured Cliffs and has been obtained.	Fruitland Coal will not be	commingled until 1	the appropiate regulatory approval
	is true and complete to the best of my knowl		neer DATE 9/18/2000
SIGNATURE Thomas Delen		Derations Engi	<u> </u>
TYPE OR PRINT NAME Thomas DeLon	<u>. </u>		TELEPHONE NO. 505-324-1090
(This space for State Use)	الله كمديد دين	DIPNTY OH . CAG	INSPECTOR DESCRIPTION SEP 1 9 2000
Original Signed by ST	IEVEN N. HAYDEN	- VIL & GAS	INSPECTOR. DIST. #S

_____ TTTLE __

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