State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WE	LL API NO. 50 -745 - 2	694 in -
5.	Indicate Type of Lesse STATE	FEE _
4	State Oil & Ges Lesse No.	

P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
			5. 12.10 to 17po of 12	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	CORRECTED CO)PY	6. State Oil & Gas Le	K-5737
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO	S AND REPORTS ON SALS TO DRILL OR TO DEE IR. USE "APPLICATION FO I) FOR SUCH PROPOSALS.)	EPEN OR PLUG BACK TO A R PERMIT"	7. Lease Name or Uni	•
i. Type of Well: OL GAS WELL WELL WELL			Rattlesn	ake Canyon
WELL WELL	OTHER		8. Well No.	
Southland Royalty	Company		9. Pool name or Wild	
Address of Operator	ington NM 07	100		at itland Coal
PO Box 4289, Farm				
Unit Letter : 1600	Feet From The North	Line and 14	Feet From Th	e <u>West</u> Line
Section 32	Township 32N	Range 8W	NMPM San J	uan County
	10. Elevation (Show wi	nether DF, RKB, RT, GR, etc.) 6532		
.1. Check Ap	propriate Box to Indic	ate Nature of Notice,	· •	
NOTICE OF INTE	NTION TO:	SU	BSEQUENT REI	PORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🔲 PL	UG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB	
THER:		OTHER:		
12. Describe Proposed or Completed Operation	us (Clearly state all pertinent det	ails, and give pertinent dates, inc	luding estimated date of sk	arting any proposed
work) SEE RULE 1103.	CORRECTED	COPY		
2 06-16-88 TD	3225 . Ran 74	jts. 7 ", 20.0#	, K-55 inter	mediate casing,
				Class "B" 65/35
m -				'2 cu.ft./sack Lass "B" with 29
cal				. Held 1200#/3
Egg min 06-28-88 TD sot			II Hould	
m 000000000000000000000000000000000000	3405 '. Ran 6	its. 5 1/2 ". 23	8.0#.P=110 ca	using liner, 224
set	@ 3405'. Flo	at shoe set @ 3	3405'. Top o	of liner hanger
3 O 318	l'. Did not ce	ement.		, and the second
I hereby certify that the information above is true as	ad complete to the best of my knowle	dge and belief. Regulato	ory Affairs	1-31-89
SIGNATURE SIGNATURE	field	me	1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ DATE
TYPE OR PRINT NAME				TELEPHONE NO.
(This space for State Use)				EED A 198

TILE .

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICY # 3

FEB 0 1 1989

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-