Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

WELL API NO.	

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 8821	Santa Fe, New Mexi	co 87504-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410		STATE FEE 6. State Oil & Gas Lease No.	
01110011	NATIONAL AND DEPOSITS ON I			
(DO NOT USE THIS FORM FO DIFFERENT I	NOTICES AND REPORTS ON VOR PROPOSALS TO DRILL OR TO DEE! RESERVOIR. USE "APPLICATION FOR STORM OF THE PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well:	DRM C-101) FOR SUCH PROPOSALS.) OTHER		Culpepper Martin	
2. Name of Operator Southland Roya	· · · · · · · · · · · · · · · · · · ·		& Well No.	
3. Address of Operator		STORE OF THE STORE	9. Pool same or Wildcat	
PO Box 4289, I	Farmington, NM 8749	10:00	Basin Fruitland Coal	
Unit Letter:	1775 Feet From The Sout		90 Feet From The West Line	
Section 21	Township 32N	Range 12W	NMPM San Juan County	
	10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.)		
	neck Appropriate Box to Indica		-	
	F INTENTION TO:	SUE	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER:		
 Describe Proposed or Completed work) SEE RULE 1103. 	1 Operations (Clearly state all pertinent detail	ls, and give pertinent dates, incli	uding estimated date of starting any proposed	
05-20-89	jts. 9 5/8", 36.0#, Cemented with 150 s	K-55 surface (ks. Class "B" ((177 cu.ft.) (with 1/4#/sk. gel-flake and circulated to surface. WOC	
05~22~89	2185' set @ 2198'. with 6% gel, 2% cal cu.ft.) followed by	Cemented with cium chloride, 100 sks. Class	K-55 intermediate casing, 380 sks. Class "B" 65/35 1/2 cu.ft. perlite/sx (603 s "B" with 2% calcium face. WOC 12 hours. Held	
	· ,			
A Start De	we is true and complete to the best of my knowledge		ory Affairs DATE 5-26-89	
SIGNAFURE TYPE OR FRINT NAME	me pu se	mu nogurace	TELEPHONE NO.	
(This space for State Use)				
•	. EDANK T CHAVET	SUPERVISOR DIST	MAY 3 0 1989	
APTROVED BY Original Signed by	LEWIN I. CHUICE	TITLE	DATE	