State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICTI

OIL CONSERVATION DIVISION

1.0. Box 1960, Nobbe, NW 66240	P.O. Box 208		30-045-27525 5. Indicate Type of Lease	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088		
DISTRICT III			STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lesse No. E 5388-1	
	S AND REPORTS ON WEL			
	R. USE "APPLICATION FOR PER		7. Lease Name or Unit Agreement Name	
(FORM C-101) 1. Type of Well:	FOR SUCH PROPOSALS.)		FC STATE COM	
OR GAS WELL X	OTHER			
2. Name of Operator	LIMITED PARTNERSHIP		8. Well No.	
3. Address of Operator		H-1	9. Pool name or Wildcat	
	AMARILLO, TEXAS 7918	9	Basin Fruitland Coal	
4. Well Location Unit Letter M : 970	Feet From The South	• 123	5 Feet From The West	
	real From the	Line and	Feet From The West	Line
Section 36		nge 11W	NMPM San Juan Coum	ty
	10. Elevation (Show whether	OF, KKB, KI, GK, etc.)		
11. Check App	propriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTEN			SEQUENT REPORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMEN	т
PULL OR ALTER CASING	_	CASING TEST AND CE	MENT JOB	
OTHER:			CE/PROD CASING	X
12 Passible Proposed or Compileted Charging	(Classic state of serious details on			
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state an perimen acians, an	a give persinent agies, incik	ung estimated date of starting any proposed	
The above ref	omonand and I mp ! 1	21001 0/1/00	7-7-1011	
17# I-70 LT&C	erenced well TD'd at casing, set @ 3190'.	3190' on 9/1/90. Cemented with	. RU and ran 5 1/2" 300 sx Class "B"; tailed	
in with $275 s$	x Class "B". Circula	ted good cement	to surface. WOCU.	
Will test cas:	ing when RU to comple	ete.		
			(673.	
			DECEIVED	
			M	
			SEP 0 6 1990	
			OIL CON. DIV	
xc: NMOCD−A ((0+6), WF, Reg, Land,	Evnl Drla	DIST. 3	
	complete to the best of my knowledge and			
SIGNATURE CALCULA 1.	1/Kee m	Sr. Regulator	ry Analyst PATE 9/4/90	
TYPE OR PRINT NAME		_	TELEPHONE NO.	
(This space for State Use) Original Signed by FRANI	CT. CHAVEZ	SHOCOMICAD DIOT	00743	100/
Original Signed by PRANT		SUPERVISOR DIST	RICT#3 SEP 06	1921