Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OT CONCEDIATIO	ONI DIVICION	.T
DISTRICT I	OIL CONSERVATIO		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St. Santa Fe, NM 87505		30-045-30374
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Salita Le, 19191	0,303	5. Indicate Type of Lease STATE FEE X
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NO	TICES AND REPORTS ON W	ELLS	
(DO NOT USE THIS FORM FOR PI	ROPOSALS TO DRILL OR TO DEEPE ERVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL WELL			MONTOYA COM
2. Name of Operator			8. Well No.
<u>Cross Timbers Operating Com</u>	oany		1C 9. Pool name or Wildcat
 Address of Operator Parmington Ave., Bldg. 	K. Ste 1 Farmington, NM 8	7401	BLANCO MESAVERDE
4. Well Location Unit Letter J : 1,80	5' Feet From The SOUTH	Line and 1,9	PEO' Feet From The EAST Line
Section 25	Township 32N R	ange 13W	NMPM SAN JUAN County
Section	10. Elevation (Show whet	ther DF, RKB, RT, GR, et	
		5,871 GL	Con Parant on Other Date
11. Check A		te Nature of Not	tice, Report, or Other Data BSEQUENT REPORT OF:
		DEVEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	[]
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. UPLUG AND ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:		OTHER: Press tes	st surface casing
12. Describe Proposed or Completed work) SEE RULE 1103.	OperationsClearly state all pertinent o	details, and give pertinen	nt dates, including estimated date of starting any pro
After the surface casing to the casing while the with no pressure loss n	e cement was allowed to hard	tioned well, approxiden. This pressure	ox 1,000 psig of pressure was applied re was applied to the casing for 1 hr
	\bigcap	N *	
I hereby certify that the information abov	e is true and complete to the best of my kno	wledge and belief.	
SIGNATURE	Wy atten 1	TITLE DRILLING ENGIN	NEER DATE 01/09/01
TYPE OR PRINT NAME JEFFREY N.	PATTON		TELEPHONE NO. 505-324-1090
(This space for State USE) CINAL SICING	D BY CHAPLE TO PERSON	STATE OF F CY	AS INSPECTOR, UIST, 42 JAN 1 1 20 11
APPROVED BY		TITLE	DATE