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 I

OIL CONSERVATION DIVISION

WELL API NO.

| P.O. Box 1980, Hobbs, NM 88240 | | P.O. Box 2088 | | 20 025 20251 | | |
|---|---|---|---|--|--|--|
| DISTRICT II P.O. Drawer DD, Artes | ia, NM 88210 | Santa Fe, New Mexico 87504-2088 | | 30-025-30251 5. Indicate Type of Lease STATE X FEE | | |
| DISTRICT III 1000 Rio Brazos Rd., A | Aztec, NM 87410 | STATE X FEE 6. State Oil & Gas Lease No. B-9311 | | | | |
| (DO NOT USE THIS | SUNDRY NOTICES S FORM FOR PROPOS OFFERENT RESERVO OFFORM C-101 | 7. Lease Name or Unit Agreement Name Unet Dellarbide Over Sand | | | | |
| 1. Type of Well: OIL WELL X | OAS WELL | OTHER | | West Dollarhide Queen Sand Unit | | |
| 2. Name of Operator | rating, Inc. | | <u>, , , , , , , , , , , , , , , , , , , </u> | 8. Well No. 114 | | |
| | 3531, Midland, | Texas 79702 | | 9. Pool name or Wildcat Dollarhide Queen | | |
| 4. Well Location Unit Letter _ | N : 115 | Feet From The South | Line and 2338 | Feet From The West Line | | |
| Section 32 |) | Township 24S 10/// 10. Elevation (Show whether | | NMPM Lea County | | |
| | | 3143' GR | ···· | <u> </u> | | |
| 11. NO | Check App TICE OF INTEN | propriate Box to Indicate | | eport, or Other Data SEQUENT REPORT OF: | | |
| PERFORM REMEDIAL | [] | ALTERING CASING | | | | |
| TEMPORARILY ABAN | | PLUG AND ABANDON L CHANGE PLANS | REMEDIAL WORK COMMENCE DRILLING | | | |
| PULL OR ALTER CASING CASING TES | | | | EMENT JOB | | |
| OTHER: | | | OTHER: Place of | OTHER: Place on production K | | |
| 12. Describe Proposed of work) SEE RULE | | (Clearly state all pertinent details, | and give pertinent dates, inclu | ding estimated date of starting any proposed | | |
| 6-29-89 | Pulled treati | ng tools that were | left in hole in | June 1988. | | |
| 6-30-89 | | | | 6' & open-ended tail coduced 10 BO & 500 BW. | | |
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| | | | | | | |

| (This space for State Use) | | | 1111 0 8 4 | ~~ |
|---|--|-----------------------|---------------|----|
| TYPE OR PRINT NAME | | | TELEPHONE NO. | |
| SIONATURE SOMME | Cituater me | Production Technician | DATE 7-25-89 | |
| I hereby certify that the information above | e is tyse and complete to the best of my knowledge and belie | f. | | |

_ TITLE _

Orig. Signed by Paul Kautz Geologist

JUL 2 7 1989

APPROVED BY -CONDITIONS OF APPROVAL, IF ANY:

- DATE -