Submit 3 Copies to Appropriate District Office

DISTRICT I

State of New Mexico Energy, Minerals And Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.

P.O. Box 1980, Hobbs, NM 88	3240	Santa	Fe, NM	87505					
DISTRICT II					WELL API NO.				
P.O. Drawer DD, Artesia, NM 88210					30-003-20019				
DISTRICT III					5. Indicate Type				
1000 Rio Brazos Rd., Aztec, N	IM 87410					State x	Fee		
CHND	NATION A	ND DEBODIE	ON WELL		6. State Oil & Ga				
SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO.						164557			
		JSE "APPLICATION			7 Lease Name o	r Unit Agrement N	lame		
311121		OR SUCH PROPOSA		•	7. Eduse Hame o	ome rigiomene (unic		
1. Type of Well					7				
Oil	Gas								
Well	Well X		Other	Co2	C	ottonwood Cany	on Unit		
2. Name of Operator					8. Well No.				
Ridgeway AZ Oil Corp					5				
3. Address of Operator		9. Pool Name or Wildcat							
	P.O. B	ox 1110 St. Johns, A	AZ. 85936						
4. Well Location									
Unit Letter P	990	Feet From The	South	Line and	880	Feet From The	E	ast	
									
Section 4	Township	1n	Range	21w	NMPN	I Catron		County	
		10. Elevation (She		F, RKB, RT, GR,etc.)				
<u>antinina matematika mada pamban mana mana mana mana mana mana mana</u>				845 GL					
		iate Box to Indica	ite Nature (
NOTICE O	F INTENTIO	N TO:		S	UBSEQUE				
PERFORM REMEDIAL WO	PLI	JG AND ABANDON		REMEDIAL W	ORK	ALTER	ING CASI	NG	
					DRILLING OPNS				
					AND CEMENT	l 🗀			
OTHER: Temporary Abandonment X OTHER:									
12. Describe Proposed or Com	pleted Operations (C	Clearly state all pertine	ent details, and	l give pertinet dates,	including estimate	ed date of starting	any propos	ed	
work) SEE RULE 1103		,			Ü				
Start Date: 10-3-02									
Rig up wireLine truck run in].						
fill hole with water pressure	to 500psi, hold 30i	min. Shut in well							
ereby certify that the informal	ianahaya ia trua an	d same this is the best	of my knowles	lan and hali					
ereby certify that the informal	ion above is true and	a complete to the dest	or my knowied	ige and beii					
SIGNATURE	un l		TITLE	Opera	ation Mgr.	DATE	09/2	3/2002	
TYPE OR PRINT NAME	Tho	omas White			TELEPH	IONE NO.	520-337	-3230	
(This space for state ase)	01	/ /							
4			۲	ISTRICT !	SUPERVI!	SOR	1.5/		
APPROVED BY	CAJA		TITLE			DATE	10/1	3/02	
CONDITIONS OF APPROVA	L, if AXX								