office	State of New Mexico		Form C-103			
District I	Energy, Mineral	ls and Nati	ural Resources		Revised March 25	, 1999
625 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-037-20052		
<u>)istrict II</u> 301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District III	1220 South St. Francis Dr.			STATE FEE		
000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
<u>District IV</u> 220 S. St. Francis Dr., Santa Fe, NM	Çullu ,	- 0, 1 (1) + 0		U. State Off & C	as Lease No.	i
17505						
	CES AND REPORTS			7. Lease Name or	Unit Agreement N	ame:
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 'ROPOSALS.)				ANNA KATHERYN		
l. Type of Well:						ł
Oil Well Gas Well	Other					
2. Name of Operator GKG ENERGY				8. Well No.		
3. Address of Operator PO BOX 1065 TUCUMCARI, WM				9. Pool name or Wildca		
4. Well Location	, , , , , , , , , , , , , , , , , , , ,	, /		<u> </u>		
	110'		P. 1			
Unit Letter :	660 feet from the	e NOF	IH line and	feet from	n the WEST	_line
Section 30	Township	/()/// R	ange 27 <i>E</i>	NMPM QUAY	County	g a consci
	10. Elevation (Show 4433' GR		r, kad, ki, GK, el	C.)		
11 Check A	Appropriate Box to I		lature of Notice	Report or Other	Data	enteluzare).
		ulaicate i		SEQUENT REF		
NOTICE OF INTENTION TO: SUI PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO					ALTERING CASING	з П
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.☐ PLUG AND ☐			
PULL OR ALTER CASING	MULTIPLE		ABANDONMENT CASING TEST AND			
TOLE ON ALTER OADING	COMPLETION	ш	CEMENT JOB			
OTHER:			OTHER: Drill	DUTUOL & RUN	CBL	-
Describe proposed or completed starting any proposed work). SI recompilation.						
# 11-21-02 thru 12-0	27-02					
D3/ 1/21 m	commerce to	7.822				
Ran 195 Jts 5.5"x1	FROM SASO 10		/ multival 10. 6	1010'- cmnt 151	51498 W/6003	r
Ran 195 Jts: 5-5"x1	THE LTIC CSG SET	@ /5ZZ	W/ BO 1950 5		0 , , , , , , , ,	
50/50 POZ "H" - cmn	1 2ND STAGE W/7	POU SXLIÌ	E } 300 5x 54	so poz H. Plu	5 DN @ 10.30 M	<i>M</i> (
12-07-02.			·			
		1				
Dn11 DU TOOL 7 tE	st to 2000#	OK.				
BAR DO FOCE						
Run Boud Log top o	remai & 7/00					
1						
hereby certify that the information	bove is true and compl	ete to the be	est of my knowledg	e and belief.		
IGNATURE //	M	_TITLE	AGENT		DATE <u>64-02-6</u>	<u>3</u>
ype or print name Mike Vo	Ducin			Telepho	ne No.	
This space for State use)	7///					
		r	ICTOICT CIT	DED\/ICOD		>
PPPROVED BY /4(typu -	TITLE D	ISTRICT SO	PERVISOR	DATE 4/4/0_	2
onditions of approval, if any:	<i>/</i> -			- 	-	
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