Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Res	WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVIS	SION 30-015-0	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr	STATE	of Lease Lerc/
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & G	as Lease No.
SUNDRY NOTIC	ES AND REPORTS ON WELLS		or Unit Agreement Name
(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			A
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number	3
2 Name of Operator		9. OGRID Num	ber L/
3. Address of Operator Co.		10. Pool name o	r Wildcat *
200 Crescent ct.	Dellus, TX		
4. Well Location Unit Letter::	1650 feet from the N li	ne and 1980 feet fro	
Section 4	Township 195 Range 2		County EUU Y
		1, OK, etc.)	
Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INT	ENTION TO:	SUBSEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐	PLUG AND ABANDON REME CHANGE PLANS COMM	DIAL WORK MENCE DRILLING OPNS. IG/CEMENT JOB	ALTERING CASING D
OTHER:	☐ OTHE	Д.	
13. Describe proposed or completed of starting any proposed work or recompletion.	ted operations. (Clearly state all pertinents). SEE RULE 1103. For Multiple Comp	details, and give pertinent dat	
25/04. MIRU. Pu	// Kous.		
aslow Pull Tubing.	1005x cm Plg. @ 3300	y' wue TAS.	
(lat of a Bud Wenther)			
9/04. JAG. 6 2333		+ CM PSL. No Syl	.5pst 25 Sx cm
Now - Low Hote W/Ma	J, Pod. e 2329' Pros. To	±	
DUH POUT P	916 J97, JU - K - L		
I AN THE P 730'	P=15. e 60' 85/8"+ P/A	51/2° Pary. 25	sx cat to
Surface well	OIN	,	
	// /		
I hereby certify that the information ab	ove is true and complete to the best of my osed according to NMOCD guidelines , a gener	knowledge and belief. I furth	er certify that any pit or below-
SIGNATURE Phi Hank	_		
SIGNATURE / NO NOW	mi IIILE7 ul	wageen	DATE 7/8/04
Type or print name For State Use Only	E-mail address:	Te	elephone No.
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):	IIILE		_DATE