Submit 3 Copies To Appropriate District Office	State of New 1	Mexico		Form C-103
District I	Energy, Minerals and N	latural Resources		Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	ON DIVISION		5-10906
District III	1220 South St. Francis Dr.		5. Indicate Type STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM		6. State Oil & G	
1220 S. St. Francis Dr., Santa Fe, NM	Salitor 1 9, 1 1111			Ì
87505				9262
	S AND REPORTS ON WEI		7. Lease Name of	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATI			I har Reve	ON QUEEN UNIT
PROPOSALS.)	(10111111111111111111111111111111111111	RECEIVED	8. Well Number	
1. Type of Well:	. 1	•	o. Well Nulliber	
Į.	her INJECTION	FEB 1 7 7004		42
2. Name of Operator ARELIA RES	OURCES, INC.	OCD-ARTESIA	9. OGRID Num	ber 220420
			10. Pool name of	r Wildcat
4920 3. LEWIS 410.	7 TULSA, OK. TI	4105	QUE	EN-GRAYBURG
4. Well Location				/
T //	200	±1 10	280	
Unit Letter : R	$\frac{780}{6}$ feet from the $\frac{6}{3}$	line and	feet fro	om the <u>EAST</u> line
Section 32	Township 185		NMPM	County EDDY
	1. Elevation (Show whether			
		3 DR		A STATE OF THE STA
	ropriate Box to Indicate			
NOTICE OF INTE			SEQUENT RE	
PERFORM REMEDIAL WORK 🔯 P	LUG AND ABANDON	REMEDIAL WOR	к 🗆	ALTERING CASING
TEMPORARILY ABANDON 💆 C	HANGE PLANS	COMMENCE DR	LLING OPNS.	PLUG AND
	IULTIPLE OMPLETION	CASING TEST AI	ND 🗆	ABANDONMENT
				П
OTHER:		OTHER:	.	
 Describe proposed or complete of starting any proposed work). 				
or recompletion.	SEE ROLE 1103, POLIVIU	nuple Completions. At	lacii welloofe ulag	rain or proposed completion
or recompletion.				
1		. 1		
1. MOVE IN COMPL	STION CHIT PRIC	R TO MIARC	4 15 2004	D.
2 24 6				-
2, PULL TUBING AND	> PACKER, INSP	DECT AND PRE	FSSUKE -/EZ	5 /-
2 12	· , ,			. 1
3. RUN PACKER AN.	D TUBING, DER	FORM MIT	To TEM	DORARILY ABANDON
,			/	,
	Notify O.C.	.10.24		
the set within 100'	.		This well must be i	in physical compliance
acker must be set within 100'	hours prior	r to test.		
top perforation.			on or before 3-7	15-04
	748-1283		on or before 2	
	//			
I hereby certify that the information about	ve is true and complete to th	te best of my knowledg	e and belief.	,
SIGNATURE SKIM W.	INW THE	Kerrolaum Ex	iller IFFD	DATE 2/13/04
	- //	IEI KULKUNI CA	LUINCER	DATE -/15/07
Type or print name FAILLIP W.	TERRY E-mai	il address: philwt	emy@ool. T	elephone No. 918747-6060
(This space for State use)	\mathcal{O}	Jula	La Ti	FEB 18 2004
APPPROVED BY	TITLE		- The S	_DATE
Conditions of approval if any				