

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dsf
dp

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

RECEIVED
NOV 24 1992

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
OG-2426

7. Lease Name or Unit Agreement Name
EXXON STATE

8. Well No.
1

9. Pool name or Wildcat
MAGRUDER YATES

SUNDRY NOTICES AND REPORTS ON WELLS
(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 PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
BRUCE P. RIGGS

3. Address of Operator
P.O. BOX 322 CARLSBAD, NM 88221-0322

4. Well Location
Unit Letter J : 1650 Feet From The SOUTH Line and 1650 Feet From The EAST Line
Section 15 Township 21 Range 27 NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>RETURN TO PRODUCTION</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WELL RETURNED TO PRODUCTION EFFECTIVE 11-21-92
APPROXIMATE DAILY PRODUCTION 3 BARRELS

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bruce P. Riggs TITLE OPERATOR DATE 22 NOV 92
TYPE OR PRINT NAME BRUCE P. RIGGS (505) 887-3526 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 25 1992