Submit 3 Copies To Appropriate District Office	State of New Me	Form C-103			
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised June 10, 2003 WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-0		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type STATE		j
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Ga	is Lease No.	
87505	ES AND REPORTS ON WELLS		7 Lagga Nama a	r Unit Agreement Na	ma
(DO NOT USE THIS FORM FOR PROPOS.	ALS TO DRILL OR TO DEEPEN OR PLA	UG BACK TO A		•	inc
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	VHON FOR PERMIT" (FORM C-101) FO	OR SUCH	8. Well Number	netar Un	U
1. Type of Well: Oil Well Gas Well Other			a. Well Number		
2. Name of Operator			9. OGRID Numb	<u> </u>	
ERS RODBURCOS LAC			225298	5	
3. Address of Operator Box 958 Carlobad MM 882			10. Pool name or	Wildcat	um 5A
4. Well Location					
Unit Letter A:90 feet from the 9901 line and 330 feet from the E line					
Section 25	Township 185 Ra		NMPM	County EDD	ب
Section 25	11. Elevation (Show whether DR			County	
10 61 1 4	· · · · · · · · · · · · · · · · · · ·	Internal of Nickins	Donort or Othor	Doto	
NOTICE OF IN	ppropriate Box to Indicate N		SEQUENT RE		
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CASING	G 🗆
TEMPORARILY ABANDON	CHANGE PLANS □	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ND 🗆		
OTHER:		OTHER:			
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
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a. solina	ling, clean ut well on	medi	ation o	m 2-13-0	
35000	00 00 011	of man			- '
					
I hereby certify that the information	above is true and complete to the l	est of my knowledg	ge and belief.		
SIGNATURE COY C	TITLE_	annor			-04
Type or print name Rou H	anigan E-mail a	address:	1	Telephone No. 505	326-10K-
(This space for State use)	J	July,	Seo U		
APPPROVED BY	700TITLE_		<u> </u>	MAY 1 20	04
Conditions of approval, if any	8				