

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
30-015-23745

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name:
ANGELL STATE

2. Name of Operator
CFM Oil Company

8. Well No. 4

3. Address of Operator
P.O. Box 1174 Artesia, NM 88211-1174

9. Pool name or Wildcat
Mullman Sevier Rivers, EAST

4. Well Location
 Unit Letter P : 988 feet from the SOUTH line and 330 feet from the EAST line
 Section 21 Township 19S Range 28E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3433

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 checked="" 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"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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. For Multiple Completions : Attach wellbore diagram of proposed completion or recompilation.
11-2000

Pulled rods and tubing replaced pump



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

SIGNATURE Louis Fulton TITLE OWNER DATE 1-28-2001

Type or print name Louis Fulton Telephone No. 505 746-4787
 (This space for State use)

APPROVED BY Mrs. Stullfeld TITLE Field Rep. II DATE 2/5/2001
 Conditions of approval, if any: