State of New Mexico Energy, witherals and Natural Resources Department

Form C-103 <i>C</i> Revised 1-1-89	124
Kevised 1-1-89	V

Digital Cities							
DISTRICT I P.O. Box 1980, Hob	be, NM 88240	Santa Fe. New Mexico 87504-2088		WELL API NO.			
DISTRICT II P.O. Drawer DD, A	rtesia. NM 88210			30-005-00355 5. Indicate Type of Lease			
•	,			STATE FEE X			
DISTRICT III 1000 Rio Brazos Re	I., Aziec, NM 87410	Ö, C. D.		6. State Oil & Gas Lease No.			
•	SUNDRY NOTICES AND REPORTS ON WELLS E 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.)			7. Lease Name or Unit Agreement Name			
1. Type of Well: Off. WELL Y	GAS WELL	GAS.			West White Ranch		
2. Name of Operat		OTHER		0 111 11 11			
C.W. Train				8. Well No.			
3. Address of Ope				9. Pool name or Wildcat			
•	eports & Gas Services, Inc., P.O. Box 755, Hobbs, NM						
4. Well Location			88241	1	india in deventuri		
Unit Lette	A : 660	O Feet From The North		Feet From	n The <u>East</u> Line		
6	1	Township 12S Ra	20B	. D. 679. 6	-		
Section ////////////////////////////////////		Township 12S Ra 10. Elevation (Show whether	nge 28E DF. RKB. RT. GR. etc.)	NMPM	Chaves County		
		3691.3 GF	•				
11.	Check A	Appropriate Box to Indicate 1		enort or Other	r Data		
	OTICE OF INT		SUBSEQUENT REPORT OF:				
PERFORM REME	DIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY AB	BANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER O	ASING		CASING TEST AND CEMENT JOB				
OTHER: Recompl	ete from Devonia	n to Mississippian X	OTHER:				
12. Describe Propos	ed or Completed Operati	ons (Clearly state all pertinent details, an	d vive pertinent dates inclu-	line estimated date of	f starting any proposed		
work) SEE RUI		, , , , , , , , , , , , , , , , , , , ,			,		
	T+ ic	nyonood to get gran	-+ 0050				
	10 18	s proposed to set CIBP	at 8050 and ca	p with 35'	cement.		
	Perf.	7753-70. Run tubing	and packer and	test.			
		_	•				
I hereby certify that the	ne information above is true	and complete to the best of my knowledge and			11/00/00		
SIGNATURE	Mr knowled	Jeller III	<u>Agent</u>		DATE11/23/92		
TYPE OR PRINT NAME	Donna Hol	ler	505-393-27	27	TELEPHONE NO.		
(This space for State I	Usc)	1 /			a = 0 4 4009		
-	Marke Rel	la/			DEC - 4 1992		
APPROVED BY	ujava ur	- m	E		DATE —		
CONDITIONS OF APPR					!		