Submit 3 Copies to Appropriate District Office

APPROVED BY-

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico inerals and Natural Resources Department Energ.

Form C-103 Revised 1-1-89

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District Office		
DISTRICT! P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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 GAS	7. Lease Name or Unit Agreement Name MARY ANN CANNON	
OIL WELL OTHER 2. Name of Operator	8. Well No.	
MEW Entrapalse 3. Address of Operator	5	
3. Address of Operator 500 East County Road 140 4. Well Location	9. Pool name or Wildcat	
Unit Letter 0: 660 Feet From The South Line and 1 Section 27 Township 105 Range 25E	980 Feet From The ERST Line NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice NOTICE OF INTENTION TO:	, Report, or Other Data JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB	
OTHER: Return well to Production X OTHER:		
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. 1. Pull Tbg, 2. RIH circ. well bore, 3. Replace Tbg & Rods, 4. mi + set pumping unit. 5. Resume well to production. Esitmated starting of project 1-3-97		
Esitmated stanting of projection		
	NOV 1 8 1998	
	69. 698. Div.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	1 DATE 11-13-96	
SKONATURE Scient Whitel TITLE OUM	DATE	
TYPE OR PRINT NAME		
(This space for State Use) SUPERVISOR, DISTRICT #	MOV 2 0 1996	
TET T	VAIL TOTAL	

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