0456/8970/2			
23456/89707			CISPO /
Submit 3 Copies To Appropriate District	0		- // // /
Office Production	State of New Mexico		Form C-103
Disrocky Co. Hobbs, NM 88240	Energy, Minerals and Natu	WELL API NO.	
	OIL CONCEDUATION	Dunglos	30-005-60143
2011 South First, Artesia, NM 87210 District III	OIL CONSERVATION		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE FEE
Districtly 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(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			VAN EAton Leyendreken
PROPOSALS.)			THE CATON ANY CHARLES
1. Type of Well: Oil Well ☐ Gas Well ☑	Othor		
Oil Well Gas Well Other 2. Name of Operator			8. Well No.
MEW Entrepair			8. Well No.
3. Address of Operator,			9. Pool name or Wildcat
300 S. Kentucky Koswell NM 88203			The second secon
4. Well Location			
Unit Letter	Control Community	• •	
Onit Letter:	feet from the	line and	feet from theline
Section 22	Township 65 R	inge 4)E	NMPM Chaues County
The second secon	10. Elevation (Show whether D	R. RKB. RT. GR. et	tc.)
11. Check App	propriate Box to Indicate N	ature of Notice,	Report or Other Data
NOTICE OF INT	ENTION TO:		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANCE DI ANG	COMMENCE DE	all the enve C
TEMPORARILI ABANDON	CHANGE PLANS	COMMENCE DR	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	
•	COMPLETION	CEMENT JOB	_
OTHER:		OTHER P.	me well to Production
12. Describe proposed or completed	operations. (Clearly state all per	tinent details, and	give pertinent dates, including estimated date
of starting any proposed work).	SEE RULE 1103. For Multiple (Completions: Attac	ch wellbore diagram of proposed completion
or recompilation.			• • • •
sund wall do	unhal 110	1-64 -1	ling 30 mc F@ 350#
300 Well 48	UNIONE AJU I	FFT 3211	ing somer was
PSI to Again go	or line line	m a A	
re- no signor g	73 FINE 1.00 F	111 9-7-	02
I hereby certify that the information al	pove is true and complete to the b	est of my knowled	dge and belief.
SIGNATURE /	TITLE		DATE 2-7-02
SIGNATURE Kundlen	IIILE	OWNER	DATE 3-7-02
Type or print name Russell U	hited		Telephone No. 627-2065
(This space for State use)			a A
(F	$\triangle 000$	A -/1/	/ /) 70 EER 19 90
APPPROVED BY	TITLE	Juld	DATE PLOTE
Conditions of approval, if any:	100		· · · · · · · · · · · · · · · · · · ·
1			3.