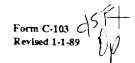
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, minerals and Natural Resources Department



DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

5. Indicate Type of Lease	
30-005-61333	
WELL API NO.	

Dicabica ii	C	F.U. DUX 20		30-005-61333	
DISTRICT II P.O. Drawer DD, Artesia, NM	88210	anta Fe, New Mexico		5. Indicate Type of Lease	
DISTRICT III			May 30 90	STA	TE FEE X
1000 Rio Brazos Rd., Aztec, N	M 87410			6. State Oil & Gas Lease No	-
SUND	RY NOTICES ANI	REPORTS ON WE	ELIAS ABSTAN OF FIGE		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit Agreement Name			
DIFFERE	(FORM C-101) FOR		ENMIT		
1. Type of Well:			1.17	TLSAU	
METT T	WELL [OTHER			
2. Name of Operator			· · · · · · · · · · · · · · · · · · ·	8. Well No.	
Energy Develo	pment Corpo	ration		112	
3. Address of Operator				9. Pool name or Wildcat	
1000 Louisiar 4. Well Location	ia, Suite 29	000, Houston,	Texas 77002	Twin Lakes S	SA Assoc.
	000	- South	16	Feet From The	lest
Unit Letter	: Feet Fr	om The South	Line and	Feet From The	Line Line
Section 7	Towns	hin 9S 1	Range 29E	NMPM Chave	es County
		10. Elevation (Show whether		V////	
		3931	GL		
11.	Check Appropri	ate Box to Indicate	Nature of Notice, I	Report, or Other Data	
NOTICE	OF INTENTIO	N TO:	SU	BSEQUENT REPOR	T OF:
DEDECEMBER 1800			D51150141 440014		
PERFORM REMEDIAL WOR	K 🗀 PLUC	AND ABANDON	REMEDIAL WORK	X ALIEHIN	IG CASING
TEMPORARILY ABANDON	CHA	NGE PLANS	COMMENCE DRILLIN	IG OPNS. L PLUG AN	ND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND	CEMENT JOB	
OTHER:			OTHER:		
12. Describe Proposed or Comwork) SEE RULE 1103.	oleted Operations (Clear)	y state all pertinent details,	and give pertinent dates, inc	luding estimated date of starting a	ny proposed
4-19-90: Und	ler verhal :	annrowal from	n Mike William	ms Distr. II NMC	. d.t.
			holes in San		
				2716', 2722', 2	2724' & 2726'
		to production		,	
		•			

I hereby certify that the information above	is true and complete to the best of my knowledge	and belief.	
SKINATURE DELLE	1 sales	mue Production Superintendent	May 25, 1990
Steve Ya	t <i>e</i> s		(713) 750-7518
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)	CONTROL SIGNED BY		MAY 3 1 1990
APPROVED BY		TIME	DATE

CONDITIONS OF AFFROVAL, IF ANY: