Submit 3 Copies to Appropriate

State of New Mexico RECL AMinerals and Natural Resources Departmen.

Form C-103 Revised 1-1-89 2/00

District Office	Vrer. or	·	'	''					
OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 ARTESIA. SPRICE			WELL API NO. 30-005-62660 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. K2114						
					(DO NOT USE THIS FORM FOR P DIFFERENT RES	TICES AND REPORTS ON PROPOSALS TO DRILL OR TO DE SERVOIR, USE "APPLICATION FO I C-101) FOR SUCH PROPOSALS	EEPEN OR PLUG BACK TO A DOR PERMIT	7. Lease Name or Uni	it Agreement Name
					1. Type of Well: Off. OAS WELL OAS WELL WILL	Υ		Plains State	e ''16''
2. Name of Operator	rilling, Inc.	JAN 20.89	8. Well No.						
3. Address of Operator	93, Roswell, NM 8820	O. C. D. 02 ARTESIA, OFFICE	9. Pool name or Wild Wildcat - F						
4. Well Location	250 Feet From The North		Feet From Th	eEast Line					
Section 16	Township 11S	Range 28E	NMPM	Chaves County					
	10. Elevation (Show w	whether DF, RKB, RT, GR, etc.)							
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data									
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:									
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT									
PULL OR ALTER CASING CASING TEST AND CEN			EMENT JOB						
OTHER:		OTHER:							
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent de	tails, and give pertinent dates, incl	uding estimated date of sta	arring any proposed					
T.D. 6:00 a	m 1/10/89								
lioo sa hal	2404.7' of 8 5/8" 2 iburton lite, 6% sal Cloride. Circulated	t, 1/4# flocele and	19'. Cemented d 200 sx premiu	with um plus					
Wainting or 30 minutes.	Cement for 18 hours	. Pressure tested	to 600# for o	ver					
			•						
		1							
I hereby certify that the information above is			etary	DATE 1/10/89					
SMNATURE A	To freeder	TILE		DATE					
TYPE OR PRINT NAME				TELEPHONE NO.					
(This space for State Use)	Original Signed			JAN 2 4 1989					
APTROVED BY		тп.в ————		DATE					