 Submit 3 Copies	State of New Me	exico	Form C-103	
to Appropriate District Office	Energy, Minerals and Natural Re	esources Department	Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208		WELL API NO 30 - 005 - 62780	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. 3.1 - 1	
	ICES AND REPORTS ON WEL			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) RECEIVED			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS				
well XX well 2. Name of Operator /	OTHER S	EP 27 1991	8. Well No.	
EIK OTT Scmpany 🗸		O. C. D.	1.	
3. Address of Operator P.O. Box 310 Ros	well N. M. 88202	rtesia Cytim	9. Pool name or Wildcat nd. Foor Ranch Pre-Permian	
4. Well Location				
Unit Letter :6	50 Feet From The South	Line and23	Feet From TheEast Line	
Section 3			NMPM €HAVES County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3866' GR				
11. Check	Appropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER:		
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	tions (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed	
3-18-1991 Spot 25	sacks @ 5457' - 520	8' tagged		
	sks cement @ 4750'-			
	sxs @ 3868 -3/38 t	agded		
	sxs @ 24861-23001			
3-21-1991 Spot 45	sxs @ 1333'-1200'			

3-21-1991 Spot 45 sxs @ 1010'-900' 3-09-1990 Spot 10 sxs @ surface

> Install dry hole marker Hole circulated with 10≠ mud Pulled 3818' of 5 1/2 casing

Post ID-1 12-7-98 8+14

Locatio	on clean and ready for inspection.	
I hereby certify that the information above is true and complete to the best of my k	mowledge and belief.	
SIGNATURE	mle President	DATE9/26/91
TYPE OR PRINT NAME Joseph J. Kelly		ТЕГЕРНОНЕ NO. (505)623-3
(This space for State Use)		
APPROVED BY John My Rollings	TIME GOLDEN PAR ASPECTUA	DATE
CONDITIONS OF APPROVAL, IF ANY:		