Submit 3 Copies to Appropriate	Energy, Minc	State of Ne and Natural		Departmen	nt			Form C-103 Revised 1-1-89	CIST
District Office DISTRICT I	OIL C	ONSERVATI	ON DIVISI	ON					q
P.O. Box 1980, Hobbs, NM 88241-1980		2040 Sout Santa Fe, New	h Pacheco Mexico 875	i05		WELL API NO. 30-005-63178			
DISTRICT II 811 S. First Street, Artesia, NM 88210		·	/ RO		1387	 Indicate Type of Lease STA 	.TE	X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			15167	-CENTO	2829	6. State Oil & Gas Lease No. LG-7983			
(DO NOT USE THIS FORM FOR P	ROPOSALS TO DRILL	LICATION FOR PERMIT	BACK TO VO			7. Lease Name or Unit Agreement Name	,		
I. Type of Well: OIL GAS WELL WELL	X	OTHER	1016	878846		JAN STATE			
Name of Operator	COMPANY					8. Well No. 3		.	
3. Address of Operator						9. Pool Name or Wildcat			
	FICE BOX 310	ROSWELL, NE	W MEXICO	88202-03	10	FOOR RANCH; PRE PI	<u>ERMIA</u>	N GAS	
4. Well Location Unit Letter B	: 660	Feet From The	NORTH	Line and		1650 Feet From	The	EAST	Line
Section 36	Township	8 SOUTH		Range	26 EAS	ST NMPM	CHAVE	ES Count	ty
		10. Elevation (Show wi	hether DF, RKB, RT	, GR, etc.)					
11. NOTICE OF	Check App INTENTION TO		ndicate Nati	re of Notic		ort, or Other Data UBSEQUENT REPORT	OF:		
PERFORM REMEDIAL WORK	PLUG A	AND ABANDON		REMEDIAL W	ORK	ALTERIN	IG CASING	G	
TEMPORARILY ABANDON	CHANG	GE PLANS		COMMENCE	DRILLING O	PNS. PLUG AN	ID ABANI	DONMENT	
PULL OR ALTER CASING				CASING TEST	AND CEME	NT JOB X			
OTHER:				OTHER:					
12. Describe Proposed or Completed O SEE RULE 1103	perations (Clearly state e	Ill pertinent details, and g	rive pertinent dates	, including estin	nated date	of starting any proposed work)			
casing. Cemente with 2% CaCl2.	ed with 450 s Tailed by 2 lated 75 sxs	xs Halliburto 00 sxs Premi 6. WOC 18	n Lite Pre ium Plus	emium P with 2%	lus wi CaCl	Ran (27 joints) of th ¼ Flocele and 5 2. Plug down at 5 0# for 30 minutes,	5# Gi :45 A	lsonite .M. on	
Thereby certify that the information above	e is true and complete to t	he best of my knowledge a	nd belief.	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
SIGNATURE		> TITL	E PRES	IDENT			DATE .	10/20/9	98
TYPE OR PRINT NAME	JOSEPH J. KI	ELLY				TELEPHONE NO.		505-623-3	190

(This space for State Use)

TYPE OR PRINT

SUPERVISOR, DISTRICT II

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: