Submit 3 Copies to Appropriate District Office

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

CONDITIONS OF APPROVAL, IF ANY:

Energy

State of New Mexico inerals and Natural Resources Department WELL API NO.

C-103 1-1-89

## OIL CONSERVATION DIVISION P.O. Box 2088

151	Form C
W. All	Revised

DISTRICT II	Sar	Santa Fe, New Mexico 87504-2088		30-005-63263		
P.O. Drawer DD, Artesia, NM	. 88210	,	0 07504 2000	5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, I	NM 87410		•	6. State Oil & Gas Lease No.	FEE _	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				26232		
SUNE	ORY NOTICES AND	REPORTS ON W	ELLS			
( DO NOT USE THIS FOR DIFFER	ENTRESERVOIR. USE	"APPLICATION FOR P	EN OR PLUG BACK TO A PERMIT	7. Lease Name or Unit Agreem	ent Name	
	(FORM C-101) FOR SU	JCH PROPOSALS.)		· .		
1. Type of Well: OIL WELL	GAS WELL X					
2. Name of Operator	WELL IN	OTHER		Willow Spring "2	7" State	
Reliance Energy	, Inc			8. Well No.		
3. Address of Operator				9. Pool name or Wildcat	<del></del>	
	, Midland, Texas	79702				
4. Well Location	1000	C1				
Unit LetterL	: <u>1980</u> Feet From	m The South	Line and660	Feet From TheW	lest Line	
Section 27	Township	<b>4</b> S	Range 25E		haves County	
			Range 23E er DF, RKB, RT, GR, etc.)	NMPM V/////	County	
		37	97' GR	<i>\( \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \(</i>		
11.	Check Appropria	te Box to Indicate	Nature of Notice, R	eport, or Other Data		
NOTICE	OF INTENTION	TO:		SEQUENT REPORT	OF.	
PERFORM REMEDIAL WOF	RK D PLUG	AND ABANDON	REMEDIAL WORK	<del></del>	_	
			HEMEDIAL WORK	ALTERING	CASING	
TEMPORARILY ABANDON	CHANG	GE PLANS	COMMENCE DRILLING	G OPNS. L. PLUG AND	ABANDONMENT _	
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB 🗵		
OTHER:			OTHER:	_		
12 2 2 2 1 6						
work) SEE RULE 1103.	pleted Operations (Clearly a	state all pertinent details,	and give pertinent dates, inclu	ding estimated date of starting any	proposed	
03-20-01	TD 4000'.					
<del> </del>		.* *				
03-23-01	Ran Logs.	•				
03-24-01	Ran 94 its 5-1	/2** 15.5#I-5	5 ITSC cen to 30	954' w/FC @ 3911'.	020219	
	Cemented w/200	sxs 35/65 Poz	"C" w/6% gel and	1 300 sxs 50/50		
	Poz "C" w/2% g	el and 5% salt	. WOC 18 hrs.		À	
					T.	
					ryg WED III	
				2010	ARTESIA ,	
				·		
I hereby certify that the information	on above is true and complete to	the best of my knowledge at	nd belief.		+07	
SIGNATURE	eggir Aberna	thu .	me Agent	<b>.</b>	4-16-61	
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TYPE OR PRINT NAME Pe	ggy Abernathy			TELEPHON	ENO. 683-4816	
(Thus space for State Use)	BU -				200	
		ginal Mared B		A	NPR 2 4 2001	
APPROVED BY		trict h supery	<b>3UM</b> TLE	DATE		