Submit 3 Copies to Appropriate District Office

Enc

State of New Mexico Minerals and Natural Resources Department Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

	30-005-63	265		
5.	Indicate Type of Lease		·	

P.O. Box 1980, Hobbs, NM 88	8240	IL CON		1014 DI A 121	ON	WELL API NO.		
DISTRICT II		Santa Fe	P.O. Box 2 New Mexic	2088 20 87504-2088		30-0	005-63265	, <u>-</u> .
P.O. Drawer DD, Artesia, NM	88210	· Dania 1 0	, 1 10 11 1110/110			5. Indicate Type	of Lease STATE X	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, N	M 87410			•		6. State Oil & Ga		
SUND	RY NOTICE	S AND REP	ORTS ON W	ELLS				
(DO NOT USE THIS FORM DIFFERE	NT RESERVO		JCATION FOR I		(TO A	7. Lease Name or	r Unit Agreement Nam	ne
1. Type of Well:	GAS							
2. Name of Operator	WELL X		OTHER				Spring "29"	State
Reliance Energy	Inc.					8. Well No.	· 1	
3. Address of Operator	,		-			9. Pool name or \	Wildcat	
P.O. Box 10946,	Midland,	TX 7970	12		`		cos Slope A	bo
4. Well Location								
Unit Letter N	: 660	Feet From The	South	Line and _	198	O Feet From	n The <u>West</u>	Line
Section 29	····	LOURGIP		Range 25E		IMPM	Chaves	County
		10. Eleva	ition (Show wheth	<i>ser DF, RKB, RT, GR,</i> 3880	esc.)			
11.	Check And	propriate Ro	v to Indicat	e Nature of Not	tice De	port or Other	- /////////////////r. Data	
		NTION TO:				_	REPORT OF:	
	Г—)		Γ	,		JEGOLITT I		
PERFORM REMEDIAL WORK	. _	PLUG AND A	BANDON	REMEDIAL WO	ORK		ALTERING CASIN	·G
TEMPORARILY ABANDON		CHANGE PL	ANS	COMMENCE D	PILLING	OPNS.	PLUG AND ABAN	DONMENT
PULL OR ALTER CASING				CASING TEST	AND CEI	MENT JOB		
OTHER:		4.0	[OTHER:	,			
12. Describe Proposed or Compwork) SEE RULE 1103.	deted Operations	(Clearly state all	pertinent details,	, and give pertinent da	tes, includ	ing estimated date o	of starting any propose	!d
10-31-00	Ran GR-C	BL-CCL.	TOC @ 2610)'.				
11-03-00	Perf'd A	bo Sand 3	674-4010	(215 holes).		/3	01112131475 A	1613
11-04-00 Acidize 3674-4010' w/3500 gals 7-1/2% MCA.							T Open tou	
	Set 2-3/	8" tbg op	en ended t	o 3909'.			RECEIVED OCH ARTEST:	
I hereby certify that the information	above is true and	complete to the bes	t of my knowledge	and belief.				
SIGNATURE LOGGY	<u> Wernert</u>	the		mæ Agent	<u> </u>		DATE	100

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUMA DISTRICT H SUPERVISOR	тие	NOV 15 2000
signature Loggy Abernathy Type or Print Name Peggy Abernathy	Agent Agent	DATE // 7/80 (915) TELEPHONE NO. 683–4816
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.	. ,