Submit 2 Contr. T. A. C. C. C. D. C. C.	vice 5/9 h V Form C 103
Submit 3 Copies To Appropriate District Office State of New Me	H_{\parallel} roth C-103
District I Energy, Minerals and Natur	ral Resources U Revised March 25, 1999
1625 N. French Dr., Hobbs. NM 87240 District II	WELL API NO. * 30-005-63270
811 South First, Artesia, NM 87210 OIL CONSERVATION District III 2040 South Park	5 Indicate Type of Leace
1000 Rio Brazos Rd., Aztec, NM 87410	CCO STATE X DEE
District IV Santa Fe, NM 87 2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	25855
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well:	
Oil Well Gas Well XX Other	Willow Spring "32" State
2. Name of Operator	8. Well No.
Reliance Energy, Inc. √	1
3. Address of Operator P.O. Box 10946, Midland, Texas 79702	9. Pool name or Wildcat
4. Well Location	Pecos Slope Abo
Unit Letter N . 660 San San La South v 1980 a	
Unit Letter N : 660 feet from the South line and 1980 feet from the West line	
Section 32 Township 4S Rai	nge 25E NMPM County Chaves
10. Elevation (Show whether DR	nge 25E NMPM County Chaves
3826 GL	
11. Check Appropriate Box to Indicate Na	ture of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. DPLUG AND
PULL OR ALTER CASING MULTIPLE	ABANDONMENT CASING TEST AND
COMPLETION	CEMENT JOB
OTHER:	OTHER:
12. Describe proposed or completed operations. (Clearly state all pert	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellhore diagram of proposed completion	
or recomputation.	
8-24-00 Spud 14-3/4" hole @ 6:00 A.M. with Can-Tex Rig #1	
8-24-00 Spud 14-3/4" hole @ 6:00 A.M. with Can-Tex Rig #1.	
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	(C) RECEIVED &
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	100
	1919141818191919191919191919191919191919
I hereby certify that the information above is true and complete to the b	est of my knowledge and belief.
SIGNATURE Peggy Abernathy TITLE_	AgentDATE8-24-00
Type or print name Peggy Abernathy	Telephone No. 915-683-481
(This space for State use)	
APPPROVED BY TITLE District Supervisor DATE	
Conditions of approval, if any: DATE DATE	
* 4	