Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department

-89

OIL CONSERVATION DIVISION

CIST	Form C-103 Revised 1-1-
M	Nevada 1-1-

DISTRICT! OI	L CONSERVATION DIVISION	ON THE STATE OF TH
P.O. Box 2088		WELL API NO. 30-005-63301
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
DISTRICT III		STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES	AND REPORTS ON WELLS	26827
(DO NOT USE THIS FORM FOR PROPOSA	ILS TO DRILL OR TO DEEPEN OR PLUG BACK	TO A 7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR.	USE "APPLICATION FOR PERMIT" FOR SUCH PROPOSALS.)	7. Acade Name or Onk Agreement Name
1. Type of Well:		
OIL GAS WELL X	OTHER	Willow Spring "16" State
2. Name of Operator		8. Well No.
Reliance Energy, Inc. /		1
P.O. Box 10946, Midland,	Texas 79702	9. Pool name or Wildcat Wildcat
4. Well Lacation		wiidcat
Unit Letter N: 660 F	eet From The South Line and	1980 Feet From The West Line
Section 16	ownship 4S Range 25E	NMPM Chaves County
	10. Elevation (Show whether DF, RKB, RT, GR, 3864 GR	etc.)
Choole A		
NOTICE OF INTENT	opriate Box to Indicate Nature of Not	
NOTICE OF INTENT	TION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	PRK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE D	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST	AND CEMENT JOB X
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (C	learly state all pertinent details, and give pertinent da	tes, including estimated date of starting any proposed
work) SEE RULE 1103. 1-23-2001 TD'd hole @ 3960'. Ran Logs.		
1-24-2001 Ran 95 jts	5-1/2" 15.5#, J-55, LT&C csg t mt csg w/200 sxs 35/65 Poz "C'	o 3959' w/float collar
50/50 Poz "	C" $w/2\%$ gel & 5% salt. No cmt	to surface.
		A STATE OF THE STA
		RECEIVED
		OCD - ARTESIA
	***	<u>~~</u>
I hereby certify that the information above is true and co	mplete to the best of my knowledge and belief.	Carl Way
SIGNATURE Peggy aller	nathy me Agent	DATE 1-29-2001
TYPEOR PRINT NAME Peggy Abernat	hy	TELEPHONE NO.
(This space for State Use)	ODIONIAL OLGANIA	
RM	Original signed by tim w. Gi District II Supervisor	FEB U 1 2001
APPROVED BY	THE	DATE
CONDITIONS OF AFFROVAL, IF ANY:		