Submit 3 Copies to Appropriate District Office

Energy,

State of New Mexico ierals and Natural Resources Department

CONDITIONS OF AFFROYAL, IF ANY:

			Δ/	V	
ÆLL.	API	NO	 		

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CO	OIL CONSERVATION DIVISION P.O. Box 2088				
DISTRICT II P.O. Drawer DD, Artesia, NM 882	San	30-005-63348 5. Indicate Type of Lease				
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM				6. State Oil & Gas Le	STATE X FEE	
	(NOTICES 1175	DEDORTS CLASS		25891		
(DO NOT USE THIS FORM FOR DIFFERENT	' NOTICES AND I OR PROPOSALS TO RESERVOIR. USE " FORM C-101) FOR SU	DRILL OR TO DEEPE APPLICATION FOR F	EN OR PLUG BACK TO A	7. Lease Name or Uni	d Agreement Name	
l. Type of Well:				1		
OIL WELL WE	ar 📝	OTHER		Willow Sprin	ng "33" State	
2. Name of Operator	_			8. Well No.		
Reliance Energy 3. Address of Operator	, Inc.			9. Pool name or Wild	cat	
P.O. Box 10946	•			Pecos Slop		
4. Well Location						\dashv
Unit Letter D :	660 Feet From	n The North	Line and 66	O Feet From Th	eWest	Line
Section 33	Township	, 4S	Range 25E	NMPM	Chaves Cou	nt.
3ecuon			ver DF, RKB, RT, GR, etc.)	1 AVATE IAI		////
			45 GR			
			e Nature of Notice, F			
NOTICE C	OF INTENTION	TO:	SUE	BSEQUENT REI	PORT OF:	
ERFORM REMEDIAL WORK	PLUG	AND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING	
EMPORARILY ABANDON	CHANG	GE PLANS	COMMENCE DRILLIN		UG AND ABANDONME	тт <u> </u>
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB		
OTHER:			OTHER:			_ [
12. Describe Proposed or Complet work) SEE RULE 1103.	ted Operations (Clearly s	state all pertinent details	and give persinent dates, incl	uding estimated date of su	arting any proposed	
04-20 - 01 TD	@ 4037'.					
4-21-01 Ra Wa	n 86 jts 5-1/ shed down 9 m	2" 15.5#, J-5 ore jts to se	5 LT&C csg to tag t csg @ 3945' w/F	@ 3592'. C @ 3930'.		
Ce No	ment csg w/35 cement to su	0 sxs 50/50 Perface. PD @ .	oz "C" w/2% gel a 5:45 AM WOC	nd 5% salt	godiniska A	
				•	7.4	:
					OCD ARIESIA	
	·				SIGITIENTO	
I hereby certify that the information a	above is true and complete to	o the best of my knowledge	and belief.			—
SIONATURE Peg	gy Weenm	thy	mmleAgent		_ DATE	
TYPE OR PRINT NAME P	eggy Abernath	<i>V</i> y			(915) TELEPHONE NO. 683-48	, 316
(This space for State Use)	ANI OF	RIGINAL SIGNED STRICT N SUPER			MAY 0 2 :	
APPROVED BY			TITLE		DATE THAT U &	