Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico inerals and Natural Resources Department Energ.

Form	C-103 æd 1-1-89
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DISTRICT I	OIL CON	SERVATIO	N DIVICION	ο <i>Θ</i> /•	
P.O. Box 1980, Hobbs, NM 8824	980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 81	8210 Santa F	Santa Fe, New Mexico 87504-2088		30-005-63357	
DISTRICT III				5. Indicate Type of Lease STATE X	FEE
1000 Rio Brazos Rd., Aztec, NM	87410			6. State Oil & Gas Lease No.	
SUNDR'	Y NOTICES AND REP	ORTS ON WEI	16	25901 ////////////////////////////////////	77777777
(DO NOT USE THIS FORM I	FOR PROPOSALS TO DRIL	L OR TO DEEPEN	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Na	
UIFEREN (I	T RESERVOIR. USE "APPI FORM C-101) FOR SUCH F	PROPOSALS,	MIT 202122	Lease Name of Omit Agreement Na	une
1. Type of Well:	AS CV	139	<u> </u>		
WELL W 2. Name of Operator	EL X	OTHER A		Willow Spring "34"	State
RELIANCE ENERGY	7. INC.	21	RESERVED S	8. Well No.	
3. Address of Operator	., 1110.		D-70 (SIA - , N/-	9. Pool name or Wildcat	
P. O. Box 10946	o, Midland, Texas	79702		Pecos Slope Abo	
	660	37			
Unit LetterB	: 660 Feet From The	North	Line and1980_	Feet From The East	Line
Section 34	Township	4S Rar	nge_ 25E 1	NMPM Chaves	_
	10. Elev	ation (Show whether I	OF, RKB, RT, GR, etc.)	NMPM Chaves	County
			775 ' GR		
11.	Check Appropriate Bo	ox to Indicate N			
NOTICE	OF INTENTION TO	:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND A	ABANDON	REMEDIAL WORK	ALTERING CASI	NG
TEMPORARILY ABANDON	CHANGE PL	ANS	COMMENCE DRILLING		
PULL OR ALTER CASING			•		ADONMENT
OTHER:	_		CASING TEST AND CE	MENT JOB 🔼	
			OTHER:		
 Describe Proposed or Complet work) SEE RULE 1103. 	ted Operations (Clearly state at	l persinens desails, and	give pertinent dates, includ	ling estimated date of starting any propos	sed
HOIR) BEE NOEE 1103.					
04-06-01 Ra	an Logs @ 3850'				
0/ 07 01					
04-07-01	D 3850†				
R	an 93 its 5-1/2"	15,5#, J-55.	LT&C csg to 38	50' w/ FC @ 3828'.	
	ement w/ 300 sxs				
W	OC.				
I hereby certify that the information ab	bove is true and complete to the ber	t of my knowledge and h	elief.		
Do no	our Alypnather			,/ ,/	
SIGNATURE	y comment	TINL	Agent	DATE 4-16	(915)
TYPE OR PRINT NAME Peg	gy Abernathy			TELEPHONE NO.	<u>683-4816</u>
(Thus space for State Use)	ORIGINAL SIGNE	BY TIM W C	18.0		1 2001
BE	DISTRICT N SUPE	AYIOR	/ 101		2 4 2001
A DEED CAPTO BY	_				