					- 4	ςί.				
Submit 3 Copies To Appropriate District	State of New Mexico				· · <del>· · · · · · · · · · · · · · · · · ·</del>	1. J. J.	<u> </u>	Form C-	103	
Office District I	Energy, Minerals and Natural Resources					VI	Revise	d March 25,	1999	
1625 N. French Dr., Hobbs, NM 88240					WELL AP					
District II 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION				30-005-63388 5. Indicate Type of Lease					
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.					ATE 3		EE 🗍		
District IV	Santa Fe, NM 87505				6. State Oil & Gas Lease No.					
1220 S. St. Francis Dr., Santa Fe, NM 87505						LG-8004				
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CES AND REPORTS ON ALS TO DRILL OR TO DEEP ATION FOR PERMIT" (FORM	EN OR PL	HOBACK TO A	23	7. Lease N		Unit Ag	reement Na	me:	
1. Type of Well: Oil Well Gas Well X	Other	( <sub>1</sub> )	T	1325 V						
2. Name of Operator	Other	<del>ÿ</del>	AUS 2002	67	8. Well l	No.				
N. I. Ballada and Camanation 19 RECEIVED					에					
3. Address of Operator 105 S. 4th Street Artesia, NM 88210  4. Well Location					9. Pool name or Wildcat					
105 S. 4 <sup>th</sup> Street Artesi	a, NM 88210	1502			Comanc	che Spr	ing Pre	-Permian (	Gas	
4. Well Location		6,00	ZLOICH	<del></del>	<u> </u>					
Unit Letter     : 1980				<u>)</u> f	eet from the	East	<u> </u>	line		
Section 25	Township 10S	Range	26E		NMPM	Cho	aves	Count	y	
	10. Elevation (Show w			GR, etc	:.)			ge san teer t		
11 (1) 1 4		3698'		4: 1	Danas et au	Otlean				
	ppropriate Box to Ind	licate N						OE:		
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:  REMEDIAL MORK  ALTERING							
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK				G			
TEMPORARILY ABANDON X	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT							
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB							
OTHER:			OTHER: T	A well					X	
Describe proposed or completed or starting any proposed work). SEE I recompilation.	perations. (Clearly state a RULE 1103. For Multiple	Ill pertine e Comple	nt details, and tions: Attach	l give j wellb	pertinent da ore diagram	tes, inclu of prop	iding est osed cor	imated date npletion or		
8/26/02 – Unset packer and P 8/27/02 – Circulated hole with tubing. Nippled down BOP. I	n 2% KCI. Tested casir	ng to 50	0# for 30 m	ins. H	łeld OK. L	.aid do	3/8" tul wn 208	oing to 51 joints 2-3,	00'. /8''	
MIT chart attached.										
				Tempo	orany Abandoned	Status appr	bevo			
					9-5-	OF	<del>gas.,</del>			
I hereby certify that the information	above is true and compl	ete to the	best of my k	nowled	ge and beli	ef.		· · ·		
SIGNATURE Line H	ſ		ory Compli				E <u>Augu</u>	st 29, 2002	<u>2</u>	
Type or print name Tina Hue	tm∕				.a. Tele	phone N	Io. 505	5-748-147	1	
(This space for State use)			g f	<del>* -//</del>			7	, , , , , , , , ,	<u> </u>	
100	O \	mimi z		X	a bet		TD 4 174	SEP 1	200	
APPPROVED BY Conditions of approval, if any:		_TITLE_			*		_DAT	<u></u>		



