Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy \*finerals and Natural Resources Department

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Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.		<del>-                                    </del>
30-015	-01289	
5. Indicate Type of	Lease	
	STATE	FEE
6. State Oil & Gas	Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)  7. Lear (FORM C-101) FOR SUCH PROPOSALS.)  2. Name of Operator  3. Address of Operator  4. Well Location  Unit Letter	CCZ Q  same or Wildcat  ED LAKE  Feet From The WesT Line  ED DY County
CONNOTUSE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	TREDLAKE UNIT  No.  CCZ G  name or Wildcat  ED LAKE  Feet From The West Line  EDDY County  Other Data  ENT REPORT OF:
1. Type of Well: On. WELL ONSE TRICETION  2. Name of Operator WEBB CIC CEMPANY  3. Address of Operator Well Location Unit Letter L.: 1980 Feet From The Scuth Line and GO Section  3. Township GS Range 28 E NMPM  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, on NOTICE OF INTENTION TO:  SUBSEQUIPMENT OF REMEDIAL WORK  EMPORABILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JO THER:  12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate work) SEE RULE 1103.  CHANGE STATUS OF WELL FROM TA pactions  1. Letter CASING TOWNSHIP CASING TOWNSHIP CASING TEST AND CEMENT JO THER:  1. Type of Well:  Onl.  EASON  8. Well  9. Pool Remedial Work  9. Pool Remedial Government Getails, and give pertinent dates, including estimate work) SEE RULE 1103.	TREDLAKE UNIT  No.  CCZ Q  name or Wildcat  ED LAKE  Feet From The WesT Lin  EDDY County  Other Data  ENT REPORT OF:
1. Type of Well: OTHER TRIFECTION  2. Name of Operator  WEBB CIC CEMPANY  3. Address of Operator  WEBB CIC CEMPANY  4. Well Location Unit Letter : 1980 Feet From The Scuth Line and 660  Section 36 Township 65 Range 28 E NMPM  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, o NOTICE OF INTENTION TO: SUBSEQUI  ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  EMPORABILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.  ULL OR ALTER CASING CASING CASING TEST AND CEMENT JO THER:  12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate work) SEE RULE 1103.	No.  CCZ G  Dame or Wildcat  ED LAKE  Feet From The WesT Line  EDDY County  Other Data  ENT REPORT OF:
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hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Lodges to be all all owner	
ONATURE TITLE TITLE	7-1-31
TEOR FRONT NAME KODNEY B. WEBB	DATE 2-1-01

