CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

En ___, Minerals and Natural Resources Department

Form C-103	(
Davissed 1.1.	80

Sul	bmit 3	copie priete Office
to .	Appro	priete
Di	dřict (Office

Form C-103 C	5
Revised 1-1-89	1

istrict Office	. <u>. </u>	~~	\	AL PARTECIA VET			
ISTRICT I	OIL				WELL API NO.		
.O. Box 1980, Hobbs, NM 88	1240	P.O. Box	x 2088			30-015-28368	
ISTRICT II		Santa Fe, New M	1exico	87504-2088	5. Indicate Typ		ec —
.O. Box Drawer DD, Artesia, N	IM 88210					STATE 🔯	FEE
ISTRICT III	4 07445				6. State Oil / C	Ges Leace No. E-5229	
000 Rio Brazos Rd., Aztec, NA	DV NOTICES A	ND PEDODES ON	WEII				
(DO NOT USE THIS FORM FO	OR PROPOSALS IT RESERVOIR.	AND REPORTS ON S TO DRILL OR TO DI USE "APPLICATION OR SUCH PROPOSA	FOR PE	OR PLUG BACK TO A	7. Lease Name REMUDA BA	se or Unit Agreement Name ASIN STATE	
. Type of Well: OIL WELL	GAS WELL	OTHER			D MI-H AI		
. Name of Operator	ACO EXPLORAT	TION & PRODUCTION	I INC.		8. Well No.	11	
3. Address of Operator P.O.). Box 3109, Midla	and Texas 79702			9. Pool Name 6 WILDCAT:	or Wildcat BRUSHY CANYON, BONE S	PRING
Well Location Unit LetterF	: 1980	Feet From The	NORT	H_Line and 1880	Feet From Ti	he <u>WEST</u> Line	
Section 31					MPM	<u>EDDY</u> COUNTY	,
	10. E	levation (Show whether	r DF, RKI	B, RT,GR, etc.) 3132			
1. CI	heck Appropri	iate Box to Indica	te Nati	ure of Notice, Repor	t, or Other L)ata	
			1	SI	UBSEQUE	NT REPORT OF:	
NOTICE OF INT): AND ABANDON		REMEDIAL WORK		ALTERING CASING	
PERFORM REMEDIAL WORK	<u> </u>		님	COMMENCE DRILLING OP	ERATION	PLUG AND ABANDONMEN	т <u>П</u>
TEMPORARILY ABANDON	CHANG	GE PLANS	u i	CASING TEST AND CEME			_
PULL OR ALTER CASING	<u> </u>	COMIT	Ø				🗆
OTHER: EX	KTEND DRILLING P			OTHER:			
DUE TO DRILLING PRIORITY, THIS DRILLING PERMIT AN AI	, THIS WELL WII DDITIONAL ONE	LL NOT BE SPUDDE! E YEAR.	D BEFO	RE THE SEPTEMBER 8,	, 1997 EXPIRA1	TION DATE. PLEASE EXT	END
			The second secon				
APPROVAL V PERMIT EXPI	ALID FOR RES_2/3	DAYS P/98		A6 13 337			
	ILLING UND			a			
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	11	49T EXT.			•		
			-	A POST OF A SELECTION			
I hereby certify that the information above is	true and complete to the	been of my knowledge and belief					
SIGNATURE C DA	de House	TITLE_	Eng.	Assistant		DATE <u>8/14/97</u> Telephone No. 688-4	
TYPE OR PRINT NAME		le Howard				Telephone No. 688-4	
(This space for State Use) ORIGINAL APPROVED BY CISTRICT	L SIGNED BY	TIM W. GUM				DATE AUG 2 0 1	