Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELL API NO.	March 4, 2004
District II	OIL CONSERVATION DIVISIO	N 30025/21	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease	FEE 🗆
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease	
1220 S. St. Francis Dr., Santa Fe, NM 87505		;	
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit April 10 CO 57 8. Well Number	
0. N		9. OGRID Number	
3. Address of Operator 4. Well Location	H. HenDRIX, Conf. Rox 910, Eunice, n.m. 8 QUE	10. Pool name or Wildcat	
Unit Letter / :	feet from the 5 line a	nd 2310 feet from the	line
70	Township 22 Range 38		,
Section 5 1	11. Elevation (Show whether DR, RKB, RT, C		<i>y 2 C/4</i>
	,		
	pit or below-grade tank closures, a form C-144 must be		h watan wall
	Rng Pit type Depth to Ground Below-grade Tank Location UL Sect		n water wen
feet from theline and		,	
NOTICE OF IN	ppropriate Box to Indicate Nature of NTENTION TO: PLUG AND ABANDON REMEDIA	SUBSEQUENT REPORT	OF: ING CASING □
TEMPORARILY ABANDON	CHANGE PLANS COMMEN	CE DRILLING OPNS. PLUG	AND OONMENT
PULL OR ALTER CASING	MULTIPLE CASING T	ESTAND 🗆	CHAMEIA
OTHER: CASING UNI	ec. Test. other:	(T.A.)	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Pulled All equipment fnom Well: Pan Brioge plus And Set 100' showe top. Pert (set Q 4933') - Losned And Tested Casing To 550# for 30 minutes with no Lease of the contribution above is true and complete to the best of my knowledge and bolief. I further certify that the information above is true and complete to the best of my knowledge and bolief. I further certify that any elter to be best of my knowledge and bolief. I further certify that any elter to be best of my knowledge and bolief. I further certify that any elter to be best of my knowledge and bolief. I further certify that any elter to be best of my knowledge and bolief.			
or recompletion. Pu	lles All equipm	nent from b	vell.
RAN BRIDGE	plua Ano Se	T 100' show	e rop
pent (set @ 4	9331) · LOMDED	AND Tested	CASING
TO 550# for	30 minutes WI	the no Leak-o	A.
Thereby certify that the information t	above is true and complete to the best of my kn closed according to NMOCD guidelines . , a general po	owicage and belief. That their certify	uiatany pitor berow-
	Souroux TITLE PHOD		
Type or print name MANVIN BURREWS E-mail address: Myemach & AOL Telephone No. 354 3264			
(This space for State use)		Com Fee	11,704 B
APPPROVED BY Conditions of approval, if any:). Wank, Of FIELD REPRESENT	ATIVE II/STAFF MANAGETE.	JN 1 4 2004
Th. Ab	is Approval of Temporary 6/7	09	123486
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