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Submit 3 Copies To Appropriate District				Form C-103		
Office Energy, Minerals and Natural Resources				WELL API NO.	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240 District 11			30 25 08579			
District 111       OIL CONSERVATION DIVISION         81 1 South First, Artesia, NM 872 1 0       1220 S. St. Francis Dr.				5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 8741 0 Santa Fe NM 87505				STATE X FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & (	Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS 7.				7. Lease Name	or Unit Agreement Name:	
(DO NOT USE 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					U	
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT <sup>®</sup> (FOR	M (-101) F	OK SUCH			
1. Type of Well:				Jalmat Field Yate	n Sand Linit	
				8. Well No.		
· · · · · · · · · · · · · · · · · · ·				123		
3. Address of Operator				9. Pool name or Wildcat Jalmat, (Tansill, Yates, Seven Rivers)		
c/o P.O. Box 953, Midland, TX 7970 4. Well Location	2	<del></del>		jama, (Tansm,	raies, Seven Rivers)	
		_				
Unit Letter P	660' feet from the	South	line and	330' feet fr	rom the <u>East</u> line	
Section 10	Township 22	2S Ra	inge 35E	NMPM Lea	County	
	10. Elevation (Show w		···· Q			
	3602' GR					
-	ppropriate Box to Inc	licate N		-		
	PLUG AND ABANDON		REMEDIAL WOR			
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.		
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	ND 🗖		
	COMPLETION		CEMENTJOB			
OTHER:			OTHER:	MIT	X	
<ol> <li>Describe proposed or completer of starting any proposed work) or recompilation.</li> </ol>						
Injection well in Jalmat waterflood	project.					
-					131415767787878 13141576777878 1870 141576777878 1870 1	
7-1-04: Pressured up to 580#, held	for 35 minutes. Good test	t.		-23 <sup>1</sup>	2,13,14,15,76 75	
Chart attached.				( <sup>2</sup> )	10°2	
				100	Jul and Sal	
				20	h	
				4	HODDED	
				102	OCD CD	
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				<u>'c</u>	0821282930	
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I hereby certify that the information	shave is the and compl	ete to the	hest of my knowled	dae and helief		
			-	uge and ocher.		
SIGNATURE Muhalluk	his	TITLER	egulatory Agent		DATE <u>7-9-04</u>	
Type or print name Ann E. Ritchie				Tal	ephone No. 432 684-6381	
(This space for State use)		<u></u>		101	-phone 110. 7.34 007 0.301	
Ŷ,	(					
APPPROVED BY Aary	N. Wink	TITLE		<u> </u>	DATE	
Conditions of approval, if any:		OC FI	ELD REPRESENTA	TIVE II/STAFF MA	JUL 2 2 2004	
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