Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-28236	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-9385	
SUNDRY NOTI	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Na	ame
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE "APPLICE"			New Mexico AN Sto	- 10
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2 Name of Operator			9. OGRID Number	
Intlow detroby Mesonces LP			2777	
3. Address of Operator			10. Pool name or Wildcat	
13760 Noel Rd., Ste. 104, Dallas, TX 75240 Sanders: Permo Upper Penn 4. Well Location				
Unit Letter :	bo feet from the North	\sim line and	feet from the West	line
Section 22		ange 335	NMPM County Lea	
	11. Elevation (Show whether DR,			
Pit or Below-grade Tank Application 🔲 o	リスロー リスロラ Y	-		
Pit type Depth to Groundwa		vater well Dist	ance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
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NOTICE OF IN PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON	REMEDIAL WOR	SEQUENT REPORT OF: K ALTERING CASING	2 🗆
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI]
PULL OR ALTER CASING				
OTHER:	П	OTHER: Tems	ovarily abandon	П
13. Describe proposed or comp	leted operations. (Clearly state all p	pertinent details, and	give pertinent dates, including estimate	ed date
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. For Multip	le Completions: At	tach wellbore diagram of proposed com	pletion
or recompletion.				
1) Pollet vods	pridet Swi			
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2) Sex CIBI @ 9700' [10] fert @ 9792']				
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3) Kan MIT	+est. Here 50	on tor	C SLIVING CE	
Ou	~ 12/0/2H			
4) Test without	ed by Billy for	itchard.		•
`	•		proval of Tomporary	//20
5) Chart att	achet	This Abt	proval of Temporary	4/09
		7 (50)		7
I hereby certify that the information a	above is true and complete to the be	est of my knowledge	e and belief. I further certify that any pit or or an (attached) alternative OCD-approved pla	below-
SIGNATURE Wath We	TITLE_	<u> </u>	DATE \L-(\frac{1}{2}.	-04
Type or print name MATT Hou	STON E-mail ad	idress:	DATE 12-12.	6-8373
For State Use Only			1801111111111	<u> </u>
APPROVED BY: Conditions of Approval (if any):	J. Windstilling	SENTATIVE IVST	AFF MANAGER DATE	
Conditions of Approval (if any):			JAN 1 0	2005
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