FROM :	FAX NO. : 6835172	Jan. 12 2005 02:48PM P1
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 Resources	May 27, 2004
District II	OIL COMPENSATION DRUGGON	WELL API NO. 30-025-36346
1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		B00244
(DO NOT USE THIS FORM FOR PROPOSITION	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name H. T. ORCUTT NCT-H
1. Type of Well: Oil Well	Gas Well 🔀 Other	8. Well Number 3
2. Name of Operator LEWIS B. B	URLESON, INC.	9. OGRID Number 013300
3. Address of Operator P.O. BOX	2479 D, TEXAS 79702	10. Pool name or Wildcat
4. Well Location		SKAGGS; ABO (GAS)
Unit Letter F 1930 feet from the NORTH line and 1930 feet from the WEST line		
Section 11	Township 20S Range 37E	NMPM CountyLEA
	11. Elevation (Show whether DR, RKB, RT, GR, e	2(c.)
Pit or Below-grade Tank Application		」。 這個語語的思想的思想的思想。 一個語言的思想。 一個語言的思想。 一個語言的思想。 一個語言的思想。 一個語言的思想。 一個語言的思想。 一個語言的思想。 一個語言的思想。 一個語言。 一目語: 一目: 一目: 一目: 一目: 一目: 一目: 一目: 一目
Pit typeDepth to Groundwa	aterDistance from nearest fresh water wellI	Distance from nearest surface water
Pit Liner Thickness: mil		Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
OTHER:	OTHER: P&A	SKAGGS; ABO (GAS)
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.		
11/2/2004 SET CIBP @ 7000 PLUGGED BACK TO	SKAGGS DRINKARD	
I hereby certify that the information	above is true and complete to the best of my knowld closed according to NMOCD guidelines , a general permit	cdge and belief. I further certify that any pit or below- t \Box or an (altached) alternative OCD-approved plan \Box .
SIGNATURE	TITLE VICE-PRESIDENT	
		CH@PRODIGY.NETelephone No. (432)683-4747
Type or print name STEVEN L. BU For State Use Only		
APPROVED BY:	TITLE PETROLEL	JM ENGINEER DATE JAN 2 1 2005
Conditions of Approval (if any):		Auril Auril
	2A Sky	a095 H DO 50 30
		77