Office Office Appropriate District	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVA	TION DIVISION	30-025-26307
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		;	o. State On & Gas Lease No.
87505	EG LAWS DEDODES OF		
	ES AND REPORTS ON V		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			Salty Dog
PROPOSALS.)	•	,	
1. Type of Well:	Other Bring W	1/	
Oil Well Gas Well 2. Name of Operator	ther Dring W	P//	0. 111.11.21
PAB Services			8. Well No. Brine Well Supply #1
3 Address of Operator			9. Pool name or Wildcat
P.O. Box 5/3 Hobbs Nm 88241			BS W; Salado
4. Well Location			
Unit Letter J:	<u>19 № feet from the </u>	outh line and	1980 feet from the East line
		2	
Section 5	Township //	5 Range 36 E	NMPM County (Pa
	10. Elevation (Show whe	ther DR, RKB, RT, GR, etc	
	'		
		cate Nature of Notice,	-
NOTICE OF INT		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORI	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.□ PLUG AND □
TEM STATISTICS TO STATE OF THE	OHANOL I EANO [_ COMMENCE DIVI	ABANDONMENT
		☐ CASING TEST AN	
	COMPLETION	CEMENT JOB	
OTHER:	Г	OTHER:	П
			vo portinont dates, including estimated data of
12. 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.			_
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I hereby certify that the information ab	ove is true and complete to	o the best of my knowledge	e and belief.
SIGNATURE / Wolface	TIT	LE Manager	DATE 4 - 14-03
	1	LL TYTUNG E	DRIE
Type or print name for y W	la Mace		Telephone No. 393-8352
(This space for State use)	^		
9/	10		ADD . ~ noon
APPPROVED BY Lay W.	Wyle oc TIE	LO REPRESENTATIVE IL/S	STAFF MANAGER DAMER 1 5 2003
Conditions of approval, if any			
*			