Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-403
District 1	Energy, Minerals and N	atural Resources	Revised March 25, 1999
625 N. French Dr., Hobbs, NM 88240 District H	<b></b>		WELL API NO.
811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-21444 5. Indicate Type of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410			p
District IV Santa Fe, NM 87505		STATE L FEE X 6. State Oil & Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505			Will Conte Gas Lease No.
SUNDRY NOTICE DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)  1. Type of Well: Oil Well X Gas Well	ES AND REPORTS ON WELL  LES TO DRILL OR TO DEEPEN OR  TION FOR PERMIT" (FORM C 101  Other	PLUG BACK TO A	7. Lease Name or Unit Agreement Name: Ollie Boyd
2. Name of Operator			9 AV-II N
Western Oil Producers Inc			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P O Box 1498 Roswell, NM 88202			Drinkard
. Well Location		NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	
Section 23	Township 22S R. 10. Elevation (Show whether	ange 37E 1	2310 feet from the West line  NMPM County Lea (c.)
11 Charle An	proprieto Dou to Indianta	Nisterna CNI C	
NOTICE OF INT	propriate Box to Indicate		
NOTICE OF INT PERFORM REMEDIAL WORK		REMEDIAL WOR	SSEQUENT REPORT OF:
EN ONWINEDIAL WORK	LOG AND ABANDON	REMEDIAL WOL	RK ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ABANDONMENT
OTHER:	[]	OTHER:	
of starting any proposed work).  or recompilation.	SEE RULE 1103. For Multipl	e Completions : Attac	nd give pertinent dates, including estimated date th wellbore diagram of proposed completion
6-6-03 Fished tub	ing out of hole, pu	lled 2 packers	. Well ready to
plug. Wai	ting on plugging un	it.	••
7 11 02 511 5 11 1	_		
/-11-03 Bill Pritch	nard gave an oral no	otice of a 30 d	lay extension.
/-II-03 Requesting	a 90 day extension.	Waiting on pl	ugging unit.
			12.12.13 Ry
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			F. GOT
			HED VED
hereby certify that the information a	hove is true and complete to the	na bast of my busined	Hobbs 100
SIGNATURE	; P2	LE_Sec-Treas	
0	' / )		
Type or print name Virginia	L Long	· · · · · · · · · · · · · · · · · · ·	Telephone No.
(This space for State use)	ì		
APPPROVED BY Law L	1.1.	C FIELD REPRESE	NTATIVE II/STAFF MANAGEGUL 15
Conditions of approval, if any:	U.W.MR TITL	P	DATE

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