Submit 3 Copies To Appropria	ate District	State	of New M	exico		Form	
Office District <u>I</u>		Energy, Minera	als and Nati	ural Resources	LIVELL ADVANC	Revised June 1	10, 2003
1625 N. French Dr., Hobbs, NM 88240					WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION					30-025-23869 5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.					STATE FEE X		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505					6. State Oil & Ga		
1220 S. St. Francis Dr., Santa	Fe, NM						
87505	RV NOTI	CES AND REPORTS	ON WELLS	S	7. Lease Name o	r Unit Agreement l	Name
(DO NOT USE THIS FORM I	FOR PROPOS	SALS TO DRILL OR TO D	DEEPEN OR PI	LUG BACK TO A			
DIFFERENT RESERVOIR. UPROPOSALS.)	LANGLIE JAL UNIT						
1. Type of Well:	8. Well Number						
Oil Well Gas	#71						
2. Name of Operator	9. OGRID Number						
Phoenix Hydro	188483						
3. Address of Operator	10. Pool name or Wildcat						
P O Box 3638,	LANGLIE MATTIX (SRQBG)						
4. Well Location							
Unit Letter	D :	660 feet from t	he Nort	h line and	510 feet fro	om the West	line
							_
Section 8		Township		ange 37E	NMPM Lea	County NM	H 1944 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		11. Elevation (Show	whether DR	R, RKB, RT, GR, etc	.)		
12	Chaole A	3179' GR appropriate Box to	Indicate N	Intura of Motica	Penart or Other	Data	
		TENTION TO:	marcate N		SEQUENT RE		
PERFORM REMEDIAL V			ON 🗆	REMEDIAL WOR		ALTERING CASIN	1G □
TEMPORARILY ABANDO	ON 🎒	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASIN	G 🗆	MULTIPLE COMPLETION		CASING TEST A	ND 🗆		
OTHER:				OTHER:			
13. Describe propose of starting any pr or recompletion.		eted operations. (Cleark). SEE RULE 1103					
tbg; teste 4-1/2 w/NM	TOH w/t ed csg, 2" AD-1 DCD to w	a-1/2" AD-1 pack by & retrieving 10 stands at a pkr & tbg; circ vitness MIT; Mr si for 35 min, c	g tool; I time, ok 2 45 bbls Hill cou	TIH w 4-1/2" A ; pull pkr, p s pkr fluid, s ild not make i	AD-1 pkr, test plug & tbg; TI set pkr; Called t to the loca	plug to 1000 H w/redressed d Buddy Hill	- ,
Reque	esting T	'A status.			مندر د	JUL LULIVED Hobbs OCD	20
		This App	roval of	Temporary		3 3 3	رَّةٍ /
		Abandonm	ent Expi	108	7-17-08-		/
						g 15 1	
	=				×20	1681994	
I hereby certify that the in	formation	above is true and comp	plete to the b	est of my knowled	ge and belief.	The second secon	
SIGNATURE	14/11	SR Thund	TITLE_	Agent		_DATE7/9/0	03_
71 1	yllis R.	Gunter				elephone No.432-6	586 - 986
(This space for State use)	/ ^	· 1	UL FIEL	L) KEPRESENTATI	VE II/STAFF MANA	GER .	1 7 200
APPPROVED BY Conditions of approval, if	suj U	Wink	TITLE			DATE	4 8 ZU(
Conditions of approval, II	···//						

