Submit 3 Copies To Appropriate District Office	State of New N			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 199	
District II	OII CONSEDUATION DIVIGION		WELL API NO. 30-025-26854	
811 South First, Artesia, NM 87210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aziec, NM 87410  District IV  Santa Fe, NM 87505		STATE  FE	E 🔼	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease	No.
DIFFERENT RESERVOIR. USE "APPLICATED PROPOSALS.)	CES AND REPORTS ON WELL ALS TO DRILL OR TO DEEPEN OR R ATION FOR PERMIT" (FORM C-101)	OT TIC DACK TO A	7. Lease Name or Unit Agr	eement Name:
1. Type of Well; Oil Well  Gas Well  Other			Leavelle	
2. Name of Operator Gandy Corporation			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
POB 827 Tatum NM 88267			N. Shoebar Wolfcamp	
4. Well Location				
Unit Letter <u>B</u> :	660 feet from the N.	line and	1980 feet from the E	•line
Section 23	Township 16S	Range 35E	NMPM County	Lea
	10. Elevation (Show whether 3984.5	DR, RKB, RT, GR, e	tc.)	
11. Check Ap	opropriate Box to Indicate	Nature of Notice,	Report or Other Data	
NOTICE OF INT	ENTION TO:	SUE	BSEQUENT REPORT (	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 4	REMEDIAL WOR	RK 🗀 ALTERI	NG CASING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DE	RILLING OPNS. PLUG A	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ND ABAND	ONMENT -
OTHER:				A
	d anamtions (Class)	OTHER:	111	<u> </u>
<ol> <li>Describe proposed or completed of starting any proposed work). or recompilation.</li> </ol>	SEE RULE 1103. For Multiple	e Completions: Atta	ch wellbore diagram of propose	ed completion
			Hob	bs
<ul><li>1. Set CIBP 50</li><li>2. Load hole w</li></ul>	' above perfs @ 1	0,122'-cap	w/35' cement-24	hrs & tag
	ug @ 7,537' wait	24hrs & tac		
4. Set 100' p <sub>1</sub>	ug @ 5000' wait	24hrs & tac	- 1	
5. Set 100' pl	ug in & out 5㎏" c	asing stub	@ 4100' wait 24h	nrs & tag
6. Set 100' p1 7. Set 100' p1	uq @ 1600' wait 2	4 hrs & tac	ı	***
8. Set dry hold	e marker-set 10 s	4hrs & tag	. m1	
	- marker bee 10 B			IOTICIED 24
			COMMISSION MUST BE N URS PRIOR TO THE BEG	
_			gging operations foi	
		TO	BE APPROVED.	:
I hereby certify that the information	above is true and complete to the	e best of my knowled	dge and belief.	
SIGNATURE CHAMILA	m lo TITLE	Agent	DATE_	8-13-2003
Type or print name Link EL Ma	arks		Telephone No.	505 396 5326
(This space for State use)	1 . 1 . 1 OC FI	ELD REPRESENTA	TIVE BUCTAER	
APPPROVED BY Conditions of approval, if any:	W. Wink TITLE	ILI KESENIA	TIVE II/STAFF MANAGER DATE	AUG 15 2003
/ //				