5	Submit 3 Copies To Appropriate Doffice District I	of New Me	xico ral Resource	es	Form C-103 Revised March 25, 1999 WELL API NO.						
	1625 N. French Dr., Hobbs, NM 8 District II	I DIVICIONI		30-025-34146							
	1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION							5. Indicate Type of Lease			
	District III 1220 South St. Fr 000 Rio Brazos Rd., Aztec, NM 87410							STATE S FEE			
	District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505							6. State Oil & Gas Lease No.			
	SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.) 1. Type of Well:							7. Lease Name or Unit Agreement Name: Abe Unit			
	Oil Well Gas Well Other							Abe	Unit		
ſ	2. Name of Operator							8. Well No.			
	Jetta Operating Co., Inc.							2			
	3. Address of Operator							9. Pool name or Wildcat			
	777 Taylor St., Suite P1-D Fort Worth, TX 76102							Undesignated Legg Atoka (Morrow)			
4. Well Location											
	Unit Letter H	:	1650	feet from th	e <u>Nor</u>	th line a	and	660 feet	from the	East	line
	Section 29	Tov	vnship	21S	Range 3	3E	NMPN	Л	Lea	. County	,
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3703' GL											
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data											
NOTICE OF INTENTION TO: SUBSEQUENT R											
	PERFORM REMEDIAL WO	PLUG A	ND ABAND	ON 🗌	REMEDIAL WORK ALTERIN					IG 🗌	
	TEMPORARILY ABANDON					COMMENCE DRILL CASING TEST AND CEMENT JOB		LLING OPNS		S AND NDONMENT	
	PULL OR ALTER CASING							I D			
	OTHER:					OTHER:					
]	12. Describe proposed or co starting any proposed we recompilation.										
,	Turned well to sales.								100°	31415167	1870
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									•	2003 V.E.	1021222324
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											15%
									1/2	Engrand 1	,30
										08.66.60	
7	hereby certify that the information	mation	hove is tr	Tie and com	alata to the h	est of my kno	vyloda	and haliaf	-		
1	i norcely certify that themillon	inatiOII è	POOLE 20 II	uc and com	piere io me bi	st of my kno	wiedge	anu uciici.			
5	SIGNATURE Sur b.	·			TITLE	Operation	ons M	anager	DATE	8/27	<u>7/03</u> .
1	Гуре or print name D	avid P	atterson		Τ	elephone No	. (i	817) 335-1	179		
(This space for State use)									SED 0	0 2004
	APPPROVED BY		Bill	lans	CIPISTRICT	SUPERVISO	R/GEI	NERAL MAN	AGER DAT		9 200 3