Submit 3 Copies to Appropriate District Office

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico gy, Minerals and Natural Resources Departme

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

ELL API NO.			
. Indicate Type of I	STATE	FE	ε×

DISTRICT II Santa Fe, New Mexico 87503						
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New		Mexico 8/303		5. Indicate Type	FEE 🔀	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE FEE X 6. State Oil & Gas Lease No.			
SUNDRY NOTICES AND REPORTS ON WELLS				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 PROPOSALS.)						
1. Type of Well:				1	•• 11	
OIL GAS WELL C	OTHER	oner Brine Well		Brine Well		
	Service, Inc.			8. Well No. 1		
3. Address of Operator PO Box 99	Eunice, NM 8	38231		9. Pool name or	Wildcat	
4. Well Location Unit Letter :	NW/4	<u></u>	Line and	Feet From	n The SE/4	Line
34	218		37E		Lea	
Section	Township		nge DF, RKB, RT, GR, etc.)	NMPM	V/////////	County
					ŽIIIIIIIIII	
	Appropriate Box to Indi	cate l	•	eport, or Other SEQUENT F		
NOTICE OF IN	TENTION TO:	_	505		_	_
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	Ļ
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	BOPNS.	PLUG AND ABANDO	NMENT L
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB X		
OTHER:			OTHER:			[
12. Describe Proposed or Completed Oper	rations (Clearly state all pertinent de	etails, a	nd give pertinent dates, inc	luding estimated date	of starting any propose	d
work) SEE RULE 1103. 1) MIRU Pu	ulling Unit.					
2) Install	•					
- >						
	h production String		of 70	- DOM		
	h bit & scraper to		`	•		
	h retrievable packe		bridge plug. Se	et plug at 1	.250', test to)
	nt hole with packer					
Note: When	hole or holes are i	.sola	ted; call N.M.).&G.C.C. wi	th depths,	
rates and p	ressures.					
I hereby certify that the information above is true	and complete to the best of my knowledge	e and beli			2/1/0/	·
SIGNATURE 1	<u> </u>	m	Company Repr	esentative	DATE	<u> </u>
TYTEOR PRINT NAME McCasland S	ervices, Inc.			TELEPHIONE NO. (5	05) 397-2614	
						2 1994
(This space for State Use ORIGINAL SIGN DISTRICT	ED BY JERRY SEXTON					

NOTIFIED BY THE STANDA