Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	ral Resources	Revised March 25, 1999 WELL API NO.
District II 1301 W. Grand Avenue, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-20546 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran Santa Fe, NM 87		STATE 🔀 FEE 🗆
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sama PC, INWI 67	505	6. State Oil & Gas Lease No.
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL	ES AND REPORTS ON WELLS	IG BACK TO A	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			State AF
1. Type of Well: Oil Well Gas Well	Other TIA Prod	ducev	State 11
2. Name of Operator	030050		8. Well No.
3. Address of Operator		9. Pool name or Wildcat Vaccum Wolfcamp	
4. Well Location			- Vaccur Wolfram
Unit Letter M :	70 feet from the N	line and	feet from theline
Section &	Township 185 Ra	nge 35 E	NMPM County Lea
	10. Elevation (Show whether D.		And the second s
	propriate Box to Indicate Na	ature of Notice,	Report or Other Data SEQUENT REPORT OF:
NOTICE OF INT	PLUG AND ABANDON	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AI	
OTHER:		OTHER:	. 🔃 🖘
12. Describe proposed or complete	ed operations. (Clearly state all	pertinent details, an	ad give pertinent dates, including estimated date
of starting any proposed work). SEE RULE-1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Bridge Pluq, Test to 500 PSI			
or recompilation. Set Cost iron Bridge Plug, Test to 500 psi			
			RECEIVED
		,	
			JAN 3 N 2008
			HOBBS OCD
•		1	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE VOICH MUNGS PATE 1-30-08			
SIGNATURE (TITLE'	HUKCH I	Garales T
Type or print name Telephone No (\$1/480 - 126) (This space for State use)			
APPPROVED BY HOLD WE STAFF MANAGES FEB 0 4 2008 APPPROVED BY HOLD REPRESENTATIVE HISTAFF MANAGES FEB 0 4 2008			
Conditions of approval, if any:			