TATE OF NEW MEXICO
Energy, Minte. Jis and Natural Resources Department

Submit 3 Copies
to Appropriate
District Office

5 5 5 Form C-103 Revised 1-1-89

4

DISTRICT I 2040 Pacheco St.							WELL API NO.			
P.O. Box 1980, Hobbs, NM 88240 Santa Fe, NM 87505							30.025-00109 5. Indicate Type of Lease			
DISTRICT II							STATE X			
P.O. Drawer DD, Artesia, N	IM 888210						6. State Oil & Gas			
								B-1041		
DISTRICT III										
1000 Rio Brazos Rd., Aztec		OTICES A			<u> </u>					
			S TO DRILL OR TO			A	7. Lease Name or Un	it Agreement Na	me	
			"APPLICATION FO							
	(FC	DRM C-101) FOI	R SUCH PROPOSA	LS.)			NM 'BB' NC	T-1		
1. Type of Well:	`.	·······					7			
			GAS WELL		OTHER	SWD				
2. Name of Operator		Paladin E	nergy Corp.			0110	8. Well No.			
			neigy corp.					1		
3. Address of Operator 10290 Monroe Dr., Ste. Ste 301, Dallas, TX 75229							9. Pool name or W	/ildcat		
4 Well Location							E. Caprock	Devonian		
							E. Ouprook	Soroman		
Unit Letter	N :	1989	Feet From The	South	Line and	1985	Feet from The	West	Line	
		·	-				_		-	
				10.0	Deser	20 E		1.00		
Section	11		Township Elevation	12-S (Show whether	Range	32-E		Lea	County	
				4373' DF	,,	, , ,				
	<u></u>	hock Appr	4		Naturo of	Notico Bon	ort, Or Other Da	//////////////////////////////////////		
NOT		TENTION	-		valuie vi	Nouce, rep			١ ٣.	
				201			SUBSEQUENT	1		
PERFORM REMEDIAL WORK PLUG AND ABANDON						REMEDIAL WOR		ALTRG CSG		
TEMPORARILY ABANDON CHANGE PLANS					COMMENCE DR		raa	L]		
PULL OR ALTER CASING		ليستعم						1		
OTHER	-					OTHER	Pressure test SV	VD Well	XX	
12. Describe Proposed (rtinent details, ar	nd give pertir	ent date, includir	ng estimated			
date of starting any p	proposed wo	IK) SEE RULE	1105							
District 1 was n	atified Oc	tober 13 2	000 (Sylvia D	lickey) that th	ha nraccu	re test would	be conducted O	tober 16 2	000	
District T was in		1000110,2	ooo, (oyivia D		ne pressu				000.	
Date of Test: 10	0/16/00	Packer set	tting: 11,040'							
Well was press			- ·	/2 hours						
	urou up to									
The test was no	t witness	ed by anyor	ne from Distric	zt 1.						
							5	WU	79D-D	
I hereby certify that the info	rmation above	is true and com	plete to the best of	my knowledge and	d belief.	·····		····		
\bigcirc	H H	g.	- C							
SIGNATURE	and the	aeg on		TITLE	6		DATE			
				<u></u>				214-65	4-0132	
TYPE OR PRINT NAME		David Plai	sance, Produ	ction Manag	ler		TELE	PHONE NO.		
(This space for State Use)										
					19 HAR	on siGener				
APPROVED BY				TITLE	`	ARY WANK	DATE		<u>C - 9 4</u> 11	
				•		9 17 19 17 1 9 9				



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