Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION WELL ADD NO.

P.O. Box 1980, Hobbs, NM 88240  310 Old Santa Fe Trail, Room 206  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  310 Old Santa Fe, New Mexico 87503				30-025-22584
				5. Indicate Type of Lease STATE K FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas Lease No. OG-1295
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.)				7. Lease Name or Unit Agreement Name Shell State
1. Type of Well: OIL GAS WELL X WELL OTHER				
2. Name of Operator				8. Well No.
Lobo Resources, Inc.				3
3. Address of Operator 200 N. Loraine, Ste 1245, Midland, TX 79701				9. Pool name or Wildcat Inbe Permo Penn
4. Well Location	Ste 1245, M	ildiand, IX 79	701	Tilbe Telino Telli
4	1980 Feet Fro	om The North	Line and	Feet From The <u>East</u> Line
Section 22	Townsh	<sub>ip</sub> 10 S	Range 33 E	NMPM Lea County
		10. Elevation (Show whet 4273 RKB	her DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
				BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	X PLUG	AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHAN	IGE PLANS	COMMENCE DRILLIN	G OPNS. U PLUG AND ABANDONMENT U
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB 📙
OTHER:			OTHER:	
12. Describe Proposed or Complet work) SEE RULE 1103.	ted Operations (Clear)	y state all pertinent detai	ls, and give pertinent dates, in	cluding estimated date of starting any proposed
Set retrievable bridge plug @ 9600'. Run cement bond log. Perf Abo 8850'-8878'.				
Acidize perfs v	v/ 5000 gal :	15% HCL acid.		
Put well on pur	mp.			
Estimated start date 5/30/94				
I hereby certify that the information ab	ove is true and complete t	o that best of my knowledge at	nd belief.	
SIGNATURE	un D.	Sicy	mme President	DATE
TYPEOR PRINT NAME Steve	n D. Gray	0		TELEPHONE NO. (915) 687-0404
(This space for State Use)				
			ORIGINAL SIG	MED DY LERRY SEXTON  OF A SUPERVISOR DATE
APPROVED BY			TIME DISTRIK	DATE

RECEIVED MAY 24 1994

OFFICE