State of New Mexico Form C-103 Submit 3 Copies Enery Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box. 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-23105 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE XX STATE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X VADA PRUITT 8. Well No. 2. Name of Operator CHEYANNE RESOURCES 9. Pool name or Wildcat 3. Address of Operator VADA-PENN P.O.BOX 1813, MIDLAND, TEXAS 79702 4. Well Location Line and 660' SOUTH WEST 2130 Feet From The Line Feet From The Unit Letter L 34E Range **NMPM** County Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4,116.5 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPOFIARILY ABANDON CASING TEST AND CEMENT JOB PULL OF ALTER CASING** OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. NO FILL (#1)-35 SX (#2)-50 SX (#3)-35 SX 12/9-10-11/92 PLUGS SPOTTED @ 9700' (1)(#4)-50 SX (#5)-35 SX WOC TAG PLUG @ 9537 35 SX PLUG @ 9700 (2) 12/11/92 ESTIMATED TOC 5974 PLUG @ 6700 12/16/92 25 SX (3) 50' IN 50'OUT (4-1/2 STUB) WOC TAG @ 3945 60 SX PLUG @ 4130 12/17/92 (4) (8-5/8 STUB) 50' IN 50' OUT WOC TAG @ 310 PLUG @ 510' 100 SX (5) 12/18/92 CIRC SURFACE - JOB COMPLETE PLUG @ 30' 20 5X (6) 12/18/92 INSTALL DRY HOLE MARKER 12/19/92

I hereby certify that the information above is true and complete to the t	est of my knowledge and belief. THE OPERATIONS MANAGER	DATE JANUARY 6, 19
TYPE OR PRINT NAME JOEY FIELDS		теценноме но. (915) 683-9
(This space for State Use)	ONLY CAS INSPECTION	WW 4 8 4000

JUN 1 6 7993

ch Briffin CONDITIONS OF APPROVAL, IF ANY: