Submit 3 Copies to Appropriate District Office

State of New Mexico Ener Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

30-025-30566
Indicate Type of Lease STATE X FEE

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	30-025-30	571	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. 291-310 (E-2) 291-312 (OG-140)			
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 "OG" State "OG"			
1. Type of Well: OIL GAS WELL X WELL	OTHER					
2. Name of Operator	an Inc		8. Well No.	1		
LBO New Mexi 3. Address of Operator	co, inc.		9. Pool name or V	Vildcat North	Bagley	
4101 Birch St., St 4. Well Location	e. 130, Newport Bea	ch, CA 92660	Wolfean	19- Permo	enn	
Unit Letter K :	2065 South	Line and	Feet From	The West	Line	
Section 9	Township 11 South Ra	33 East	NMP M	Lea	County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
11. Check	Appropriate Box to Indicate 1	3288.8 (GR) Nature of Notice Re	eport or Other	<u> </u>		
NOTICE OF IN			-	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABAND	ONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB X				
OTHER:		OTHER:				
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details, an	Lad give pertinent dates, includ	ling estimated date of	f starting any proposed	<u> </u>	
15. tot	n 3-1/2" FS, 17# Sho 5# & 17# used (drif al. Cemented with 3 % 059 Flac. Plug do	ted & tested) 75 sacks Clas	Range 2	casing, 88	302 ' ¥	
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I hereby certify that the information above is tr	ue and complete to the best of my knowledge and	belief.				
SIGNATURE Dunil	A. Tamp	Age	ent	DATE4-04-	-89	
TYPE OR PRINT NAME DOI DO 1	A. Turner			915/682 TELEPHONE NO.	2-3418	
	GNED BY JERRY SEXTON ICT I SUPERVISOR			APR	7 1989	
APTROVED BY UIS IN	ICI I SUPERVISOR	LE		DATE		