Submit 3 Copies to Appropriate District Office

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

Form C-103

DISTRICT I

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO. 30-025-30576
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE
1000 Rt Diazos Rt., Azicc, NW 8/410			6. State Oil & Gas Lease No. 291-310 (E-2
SUNDRY NOTICES AND REPORTS ON WELLS			777777777777777777777777777777777777777
( 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
1. Type of Well: OIL GAS WELL X WELL	OTHER		" <del>OC"</del> State OG
2. Name of Operator			8. Well No.
LBO New Mexico, Inc.  3. Address of Operator 92660			1
3. Address of Operator 92660 4101 Birch St., Suite 130, Newport Beach, CA			9. Pool name or Wildcat Permo Penno
4. Well Location			MOTICADD
Unit LetterK : 2065	Feet From The South	Line and	0 Feet From The West Line
Section 9	Township 11 South		NMPM Lea County
	10. Elevation (Show whell	ner DF, RKB, RT, GR, etc.) 3288.8 (	(CB)
11. Check Appr	ropriate Box to Indicat		
NOTICE OF INTEN			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB 🔀
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations ( work) SEE RULE 1103.  3-11-89: TD 380 cement		, 24#, J-55, <b>R</b>	-3 casing, Halliburron
Drilli	ng ahead.		MAR 12
I hereby certify that the information above is true and co	implete to the best of my knowledge a	and belief.	
SIGNATURE AND A	Terry)	mı Agent	DATE 3-15-89
TYPE OR PRINT NAME Donald	A. Turner		915/682-3418 TELEPHONE NO.
(This space for State Use)  ORIGINAL SIGNED B	V JEDBY CEYTON	· · · · · · · · · · · · · · · · · · ·	MAR 2 4 1989
ORIGINAL SIGNED E			MAR & 4 loui
APPROVED BY	•	ITILE —————	DATE
CONDITIONS OF APPROVAL, IF ANY:			

RECEIVED

MAR 20 1989

CCO MONTHS OFFICE