Subtrat 3 Copies to Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT 1			
P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
הובדם ורידי ת	OL_CONSERVATI		WELL API NO
	P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088		30-025-33106
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE
			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RESER	RVOR. USE "APPLICATION FOR P -101) FOR SUCH PROPOSALS.)	IN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	OTHER DOV	UOLE	Sec. 15
2. Name of Operator	DR1	HOLE	State 15 8. Well No.
GREAT WESTERN ONSHORE	INC.		1
Address of Operator 1111 Bagby, Suite 1700, Houston, Texas 77002-2595		9. Pool name or Wildcat	
4. Well Location			East Echols Devonian
Unit Letter <u>K</u> : <u>2,1</u>	88' Feet From The South	Line and 2,256	Feet From The <u>West</u> Line
Section 15	Township 11 South	Range 38 East	NMPM Lea County
	10. Elevation (Show whethe	er DF, RKB, RT, GR, eic.)	
	3,887' GR		
n. Check A NOTICE OF INT	Appropriate Box to Indicate ENTION TO:		eport, or Other Data SEQUENT REPORT OF:
		REMEDIAL WORK	
	CHANGE PLANS		
		CASING TEST AND CE	
OTHER: Gary Wink, NM 0il	ceived By Conservation Div. X	OTHER	
12 Describe Proposed or Completed Operation work) SEE RULE 1103.	ions (Clearly state all pertinent details, a	and give pertinent dates, includ	ding estimated date of starting any proposed
11/12/95 Set Plugs as fol	lows: <u>No.1</u> : Set @ 12,2	180' - 12,000' (D	evonian). Cemented with
		of Class "H" Cem	
		28' - 9,028' (Wol of Class "H" Ceme	fcamp). Cemented with
			arfork). Cemented with
	50 sacks o	of Class "H" Ceme	ent.
	<u>No. 4:</u> Set @ 4,5	550' - 4,350' (8-	5/8" Casing). Cemented with
		of Class "C" Ceme 410' - 2,310' (Sa	
	50 sacks (of Class "C" Ceme	ent.
11/13/95	<u>No. 6:</u> Set @ 50	' - 0' (Surface).	Cemented with
			ent. Cut off wellhead,
		ate and set dry h urface Casing.	ole marker on top of
Therefore consider these the set			
I hereby certify that the information above is true a			
X (1)	Isquist III	ne Production Te	ch DATE2-01-95
SKINATURE	~ ~ ~	(713) 739-840	0 ext. 227 TELEPHONE NO.
SKONATURE			
0 your			
TYPE OR PRINT NAME Lupe Vasqu			
TYPE OR PRINT NAME Lupe Vasqu	Truchen	e castri IANOF	OFFICER
TYPE OR PRINTNAME Lupe Vasqu (Thus space for State Use)	Truchen	ecami IANOF	
TYPE OR PRINT NAME Lupe Vasqu (Thus space for State Use) APPROVED BY	Truchen	ecami IANOF	OFFICER

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