CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

District Office		
DISTRICT I OIL CONS	SERVATION DIVISION	WELL ADING
P.O. Box 1980, Hobbs NM 88241-1980  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-041-20517
		5. Indicate Type of Lease
		STATE X FEE 6. State Oil & Gas Lease No.
		3483
		7. Lease Name or Unit Agreement Name
1. Type of Well:	TO COMES.	WEATHERSBY
OIL GAS WELL	OTHER	
2. Name of Operator		8. Well No.
D.M. NORMAN		7
3. Address of Operator 606 W. TENNESSEE, STE. 104 MIDLAND,	TX 79701	9. Pool name or Wildcat MILNESAND SAN ANDRES
4. Well Location		2010
Unit Letter N: 990 Feet From The	E S Line and 2	Feet From The W Line
Section 24 Township	8S <sub>Range</sub> 34E	NMPM ROOSEVELT County
10. Ele	vation (Show whether DF, RKB, RT, GR, o	etc.)
11. Check Appropriate Ro	x to Indicate Nature of Notice	e Report or Other Data
NOTICE OF INTENTION	l	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND A	ABANDON   REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING		NG OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	CEMENT JOB
OTHER:	OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly st work) SEE RULE 1103.</li> </ol>	ate all pertinent details, and give pertinent o	dates, including estimated date of starting any proposed
12-2-96 - PLUG #1 - SET 4-1/2" 0 12-3-96 - PLUG #3 - SPOT 40 SXS 12-3-96 - PLUG #3 - SPOT 50 SXS 12-3-96 - PLUG #4 - SPOT 15 SXS	CLASS "C" CMT FROM 2850'-2750' CLASS "C" CMT FROM 2190'-2090	'; WOC & TAG @ 2710'. '; WOC & TAG @ 2063'.
INSTALL DRY HOLE MARKER; F	P&A COMPLETE 12-3-96	
4-1/2" CSG CUT & PULLED FROM 2800'.  Liability under bond is retained until		
HOLE DISI ENGLE #7 HEL ZOFF LEN DE	surface	e restoration is completed.
I hereby certify that the information above is true and complete to the	e best of my knowledge and belief.	
SIGNATURE	TITLE OPERATOR	DATE 12-17-
TYPE OR PRINT NAME D.M. NORMAN		теlерноме No. (915)682-0396
(This space for State Use)		'JAN 0 9 1133
(This space for state Ose)	J. Wink	1-09
APPROVED BY	W. W. C. L. L. C.	DATE