

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-21110
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-3259
7. Lease Name or Unit Agreement Name New Mexico "J" State
8. Well No. 3
9. Pool name or Wildcat Cato (San Andres)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4192.8Gr

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator REMUDA OPERATING COMPANY
3. Address of Operator 301 N. Colorado Ste 150 Midland, Texas 79701	4. Well Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 36 Township 75 Range 30E NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4192.8Gr	

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Surface Casing- 330' 8.5/8" #24, 3 Centralizers, cemented w/ 225 sacks class C, circulated @ 100# pressure, WOC 12hrs.

Production Casing 3750' 4 1/2" #10.5, 6 centralizers, Cemented w/400 sacks Class C, 850# pressure, Estimated top @ 1996, woc woc 96 hrs.

Stimulation- 7150 gal 20% HCL

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Production Manager DATE 6/26/92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

JUL 01 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: