Submit 3 Copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

DISTRICT I

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IL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206	WELL API NO. 30-005-21131
Santa Fe, New Mexico 87503	C. Indiana There of Lance

P.O. Box 1980, Hobbs, NM 88240  DISTRICT II  P.O. Drawer DD, Artesia, NM 88210  310 Old Santa Fe Trail, Room 206  Santa Fe, New Mexico 87503		30-005-21131  5. Indicate Type of Lease STATE FEE			
					DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	Lease No.	
SUNDRYNOTIC	ES AND REPORTS ON WELI	S			
( DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN (	OR PLUG BACK TO A	7. Lease Name or I	Juit Agreement Name	
DIFFERENT RESERV	OIR. USE "APPLICATION FOR PER 01) FOR SUCH PROPOSALS.)	MIT"			
1. Type of Well:			1 1 1 1 A	S 1544	0
OIL GAS WELL X	OTHER			<u> </u>	
2. Name of Operator	12/12		8. Well No.	1	
Avra Oil Company  3. Address of Operator	1340		9. Pool name or W	ildeau 4467	70
P. O. Box 3193			Many Cates	s (San Andres	
4. Well Location			•	N l-	
Unit Letter C : 1980	Feet From The West	Line and660	Feet From '	The North	Line
7	Township 9S Ra	nge 30E	NMPM	Chaves	County
Section /	10. Elevation (Show whether	DF, RKB, RT, GR, esc.)			
	4068 RKI			<i>XIIIIIIIIIII</i>	
	opropriate Box to Indicate I	Nature of Notice, Re	eport, or Other	Data	
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. 🖾 I	PLUG AND ABANDON	MENT
CACING TEST AND CENENT IOR X					
PULL OR ALTER CASING					
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, a	and give pertinent dates, incl	uding estimated date of	of starting any proposed	
w/350 sack:	l' of 12 1/4" hole. s of Halliburton Lite 135 sacks out.	Set 912.89 of & tailed in 10	8 <u>5/8"</u> 28 & O sacks of C	24# casing. lass C + 2% c	Cemented al.
Circulated	133 Sacks Odc.				
	•				
I hereby certify that the information above is true an	d complete to the best of my knowledge and be			11 (	22 <del>-</del> 94
SIGNATURE Dauda	7 WW T	ne Agent		DATE	2279
TYPEOR PRINT NAME Sandra Spr	att		TELEPHONE NO.	(915) 682-48	366
(This space for State Use)	AND WE SERVICE TOW				
	TARL SAFARYES			NOV 291	dot
APPROVED BY		TLE		DATE	<del></del>

CONDITIONS OF APPROVAL, IF ANY: