Submit 3 Copies To Appropriate District Office		New Mexico		Form C-103	
District E	Energy, Minerals a	and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II	01/ 00/00/01		30-025-0	1195	
1301 W. Grand Avenue, Artesia, NM 88210				5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410				STATE FEE 🗹	
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas	6. State Oil & Gas Lease No.	
	CES AND REPORTS ON	IWEITS	7 Logge Name on Li	-it A No	
(DO NOT USE THIS FORM FOR PROPOS		7. Lease Name or Unit Agreement Name:			
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	Maud Saunders				
1. Type of Well:	Other Salt Wate	D: .			
Oil Well Gas Well 2. Name of Operator					
Dynegy	8. Well No. #4				
3. Address of Operator POF	9. Pool name or W	ildcat			
P.O. Box 1689,Lovington,NM 88260			Saunders		
		_		·	
Unit Letter:	feet from the	South line and	660 feet from th	e West line	
Section 34	Township 14	S Range 33 E	NMPM Co	ounty Lea	
Section		hether DR, RKB, RT, GR	, etc.)	Junty 200	
	4,199 GL				
			e, Report or Other Dat		
NOTICE OF IN PERFORM REMEDIAL WORK	JBSEQUENT REPO				
TEN ON THE WEBIAL WORK	FEOG AND ABANDON	REMEDIAL WO	JRK AL	TERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL				LUG AND	
PULL OR ALTER CASING MULTIPLE CASING TEST AN				BANDONMENT -	
	COMPLETION	CEMENT JOB	البسبا		
OTHER:		OTHER:			
12. Describe proposed or comple	ted operations. (Clearly	state all pertinent details,	and give pertinent dates, in	ncluding estimated date	
of starting any proposed work). or recompilation.	SEE RULE 1103. For M	Multiple Completions: At	tach wellbore diagram of p	roposed completion	
1. Acidize perfs 4,620-4,6	30" 4 645 5 050" with	9 000 actions of 450/ N		11- 40	
Bbls. 2% KCL.	30 , 4,043-3,030 With	o,000 gailons of 15% i	NEFE type acid. Flush wi	tn approx. 40	
		· .			
Start 3-4-03			i		
			T _i		
			Hr.	• • • • • • • • • • • • • • • • • • •	
I hereby certify that the information	above is true and complet	te to the best of my know	ledge and belief.		
- //	Λ				
SIGNATURE WALL TITLE Maintenance Tech			iecn. I	DATE 2/25/03	
Type or print name Mario Cor	ral		Telephone	e No. 396-3221	
(This space for State use)					
APPPROVED BY	ুক এক আ	PITI Dana		nggi Tikki Berge Bresser	
Conditions of approval, if any:	CASSA	INTESTIGRADO BY	D.	APPLIT BY TO SEE	
**	OCE	ELD REPRESENTATIVE	WALL TARY AND THE	** *** *** *** *** *** *** *** *** ***	
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