Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, ...inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

WELL API NO.		-	
30-125-	250	72	
5. Indicate Type of Le	ase STATE	FFF	
	SIAIE	1 1 1 1	
6. State Oil & Gas Lease No.			
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P.O. Box 1980, Hobbs, NM 88240	Santa Fe, New Mexico 87504-2088		36-125-25172
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE 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 RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
		7. Lease Name or Unit Agreement Name	
		State NM+	
1. Type of Well: OIL GAS WELL OTHER		Lea y N' Stati	
2. Name of Operator		8. Well No.	
3. Address of Operator		9. Pool name or Wildcat	
6-3 863 KEIMIT TX 79745			
4. Well Location		16	01 1/2: +
Unit Letter _ : LVC	. Feet From The	Line and//	SC Feet From The West Line
Section 27	Township /4 5 Ra	inge 32 <u>E</u>	NMPM County
	////		
Chaols A	mannista Poy to Indianta		Penort or Other Data
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
NOTICE OF INTE		—	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation	ns (Clearly state all pertinent details, a	nd give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103. - CIBP SET 8-26-88 & SETURA 35 COMERT 2 2-7-1-4-4-4150-4000'		13%- 401- SUFACE	
		8 /g - 4096-TCC-2000	
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i some stuber 878 polled		C 4955-4895	
1 1000 @ 451- 351		Tace 4000	
10000 10' SUFFA	'તં		,
LUAL Hole	& mud		
install dry	hele mapplea		
I hereby certify that the information above is true a	ad complete to the best of my knowledge an	id belief.	41-61-611
SIGNATURE	т	mle	DATE
TYPE OR PRINT NAME RICKEL	Smith		TELEPHONE NO. 915-551-2547

(This space for State Use)