Submit 3 Copies to Apprepriate

State of New Mexico Enea Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•	SICK SIGHT S. Y. O.	
OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-25717		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe. New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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 RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER		Chata 16	
2. Name of Operator	WELL UITER		State 16	
Adobe Resources Corporation			a. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
300 West Texas, Suite 1100, Midland, TX 79701			Austin (Penn)	
4. Well Location				
Section 16 11. Check NOTICE OF IN	10. Elevation (Show whether I 3947 Appropriate Box to Indicate N	DF, RKB, RT, GR, etc.) 'GR Nature of Notice, R	Leport, or Other Data SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON X REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND CE			EMENT JOB L	
THER:		OTHER:		
work) SEE RULE 1103.			iding estimated date of starting any proposed	
& NU BOP.		•	8" & 3/4" rods. ND wellhead	
w/tbg. LD R	BP.		bg. Fish RBP @ 11,400'. POOH	
3. Set CIBP @ 13,000' w/20' cement on plug.				
4. Set CIBP @ 11,100'. GIH w/2-3/8" tbg to 11,100'. Circ hole w/9.2# mud.				
Spot 10 sx Class "H" plug @ 11,100 to 11,012'.				
5. Spot plugs as follows: 20 sx C1 "H" 9777 to 9853'.				
20 sx Cl "H" 8443 to 8619'. 20 sx Cl "H" 7361 to 7537'.				
		H" 4432 to 5050		
		2" csg. Attem	pt cut @ 4400'. LD 5-1/2" csg	
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and	beliaf.		
SIGNATURE Formic (male	Engineer	DATE 2/25/92	
TYPE OR PRINT NAME Lonnie Arnold TELEPHONE NO. 915-683-4				
CTV: (or State 11)				
(This space for State Use)				

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

WELL API NO.

<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II Santa Fe, New Mexico 87	7504-2088				
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WELLS	s ////////////////////////////////////				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)					
1. Type of Well: ORL GAS WELL OTHER					
2. Name of Operator	8. Well No.				
3. Address of Operator	9. Pool name or Wildcat				
4. Well Location					
Unit Letter : Feet From The	Line and Feet From The Line				
Section Township Range	e NMPM County				
10. Elevation (Show whether DF	F, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indicate Na	ature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON I	REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB				
OTHER:	OTHER:				
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.					
7. Spot plugs as follows: 55 sx CL "H" 1950 to 2100'.					
	318 to 418'.				
10 sx C1 "H"	surface				
Perforation: 13,240-13,464'. 11,178-11,199'.					
Formation tops: San Andres - 4600'. Tubb - 7487'. Abo - 8569'. Wolfcamp - 9803'.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE TITLE	DATE				
TYPE OR PRINT NAME	TELEPHONE NO.				

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CONDITIONS OF AFFROVAL, IF ANY:

(This space for State Use)

APPROVED BY-