Submit 3 Copies To Appropriate District Office	<sup>3 Copies To</sup> Appropriate District State of New Mexico L Energy, Minerals and Natural Resources				Form C-103			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minera	als and Nati	iral Resources	WELL API NO.	Revised March 25,	1999		
District II	OIL CONSE	RVATION	DIVISION	30-025-31	622			
811 South First, Artesia, NM 87210 <u>District III</u>				5. Indicate Type				
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505				STATE C				
1220 S. St. Francis Dr., Santa Fe, NM 8750		-,		6. State Oil & C	ias Lease No.			
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) 1. Type of Well:	<ol> <li>Lease Name or Unit Agreement Name: New Mexico State</li> </ol>							
Oil Well 🖾 Gas Well [								
2. Name of Operator Aviar	8. Well No. 1							
	. Box 1350, Hou	uston, T	X 77251-1350	9. Pool name or V Tres Papo	Wildcat letes Penn			
4. Well Location				<u> </u>				
Unit LetterG:	1980 feet from th	he North	line and9	80 feet from	m the East	line		
Section 32	Township	14S <sub>Ra</sub>	inge 34E	NMPM Lea	County			
	10. Elevation <i>(Show</i> 4131 ' GR		R, RKB, RT, GR, etc		, í			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
NOTICE OF IN PERFORM REMEDIAL WORK	SEQUENT RE	PORT OF: ALTERING CASING	G 🗆					
	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID 🗌				
OTHER:			OTHER:					
<ol> <li>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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.</li> </ol>								
<ol> <li>Perforated Cisco</li> <li>Tested wet.</li> <li>Set CIBP 0 10592</li> <li>Acidized Bough A</li> <li>Squeezed casing</li> <li>Return to product</li> </ol>	2'. A, B, & C zone: leak @ 5151'-5	s with 5 53'. Te	000 gals 15%	acid and 350				

~ .

I hereby certify that the in	formation abo	we is true and compl	ete to the	best of my knowledge and beli	ef.	
SIGNATURE	teria	Haidy	_TITLE_	Production/Regulato	ryDATE_	8/21/01
Type or print name	Victoria	Guidry	_	Coordi		713-871-3444
(This space for State use)						
APPPROVED BY Conditions of approval, if	any:		TITLE_		DATE_	

50