Submit 3 Copies to Appropriate
District Office

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

Form C-103 Revised 1-1-89

DISTRICT I P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

CONDITIONS OF APPROVAL, IF ANY:

P. O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-014-20525			
	5. Indicate Type of Lease STATE FEEXX			
	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

DISTRICT II Santa Fe, New Mexico 87504-2088		30-014-20525				
	1. 0. D. 240. D. J. M. 602. V		5. Indicate Type of Lease STATE FEEXX			
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 ☑ WELL □	OTHER			Lamb:	irth A	
2. Name of Operator				8. Well No	).	
	lessa, Texas 79762	2			ne or Wildcat	.) Assoc.
4. Well Location  Unit LetterM :660  Section 30	Feet From The S  Township 5-S	outh Range	_ Line and 33-E	660 NMPM	Feet From The Roosevelt	west Line
	10. Elevation (Sha 4361.81	ow whether DF, RK	B, RT, GR, etc			County
11. Check Approp	riate Box to Indicate	Nature of N	otice, Rep	ort, or (	Other Data	
			QUENT REPORT OF:			
TEMPODADII V ADANIDON [7]	JG AND ABANDON	REMEDIAL WOL COMMENCE DR CASING TEST A	ILLING OPNS	_	ALTERING CASIN PLUG AND ABAN	
OTHER:		OTHER:	ten	nporary	abandonment	
12. Describe Proposed or Completed Operatorio proposed work) SEE RULE 1103.	tions (Clearly state all pertinen	t details, and give p	pertinent dates	including e	estimated date of star	ting any
Request second extension of of SWD conversion on the le		porarily sh	ut in wel	l pendi	ing results	

ORI	Use) GINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			FF	B 1 0 198	Δ
			TELEPHONE NO.	915/	367-1488	_
TYPE OR PRINT NA	ME L. M. Sanders		Supervisor	15/	267 1400	_
SIGNATURE	I'm danders	TITLE Regulation	n & Proration	DATE	2-01-89	
I hereby certify that	the information above is true and complete to the	best of my knowledge and belief	f.			-

\*\*\*CE!!yd

TEB Stone

OCD NOBBS OF Age

MAN SERVICE

Septiment September 1997