Submit 3 Copies to Appropriate District Office

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

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 8	8240	OIL CONSERVA P.O. Bo	TION 20	ON DIVISION	WELL API NO.	<del></del>	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexic					30-041-20869		
DISTRICT III	00210			2000	5. Indicate Type	of Lease	
1000 Rio Brazos Rd., Aztec, N	M 87410				6. State Oil & G	STATE	FEE XX
CLINID	DV NOTICE				5.2.2 Sir & Sir	- Lease 140.	
DIFFERE	INT RESERVO	ES AND REPORTS ON OSALS TO DRILL OR TO DE DIR. USE "APPLICATION FO 11) FOR SUCH PROPOSALS	EPEN	LOD DILLIO DAGICTO	7. Lease Name of	r Unit Agreement I	//////////////////////////////////////
WELL	GAS WELL		<u> </u>	hole	Parks	Unit	
2. Name of Operator Murphy H. Baxter					8. Well No.		
3. Address of Operator	· 				5. Well 140.	1	
_	× 2040,	Midland, Texas	57	79702	9. Pool name or V Wildcat	Vildcat	
Unit Letter	: <u>660</u>	Feet From The North		Line and 1980	Feet From	The West	T.
Section 21		Township 6	_	nge 36	D		Line
		10. Elevation (Show wh	Rai hether t	nge 30 N DF, RKB, RT, GR, etc.)	MPM ROOS	evelt	County
		4109.3	GR	•			
11.	Check App	propriate Box to Indic	ate N	Nature of Notice, Rep	ort, or Other	Data Data	
NOTICE	OF INTER	NTION TO:		SUBS	EQUENT R	EPORT OF	•
PERFORM REMEDIAL WORK		PLUG AND ABANDON	¬	REMEDIAL WORK			
TEMPORARILY ABANDON		CHANGE PLANS	_			ALTERING CASI	NG
PULL OR ALTER CASING		oranice i Ding		COMMENCE DRILLING C		PLUG AND ABAI	<b>XXTN3MNOD</b> K
OTHER:		Г		CASING TEST AND CEM	ENT JOB		
			_	OTHER:			
<ol> <li>Describe Proposed or Complete work) SEE RULE 1103.</li> </ol>	ted Operations	(Clearly state all pertinent detail	ils, and	give pertinent dates, includin	g estimated date of .	starting any propos	sed
(J) Spot 30 Sacks	casing cement cement cement cement cement cement cement cement	from 7279' @ 5½ stub 7239', @ 4790' @ 3553, 8 5/8 sho @ 3515' ng @ 1642' @ 1692', 8 5/8 st @ 447', 13 3/8 sho @ 407'	e, w ub, oe,	WOC, tag plug @ 3 WOC, Tag plug @ WOC, tag plug @	3515, plug v		
I hereby certify that the information abo	ove is true and co	emplete to the best of my knowledge	and bei	ief.			
SIGNATURE Just H	un		TTILE	)116 R.		DATE 6	3-63
TYPE OR PRINT NAME	1 HE	Aur		· ————————————————————————————————————		TELEPHONE NO.	100000
(This space for State Use)	1 =					TI, MI	003376
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