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 OF THE PROPERTY OF TH	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 2088	30-025-00597
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5 Indicate Type of Lease
DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	8. State Oil & Gas Lease No.
CHAIDDY MOTICES AND DEPORTS ON WELLS	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
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"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	4
OL GAS WELL OTHER	McA Unit Styl
2. Name of Operator	8. Well No.
Consis Inc.	N /
3. Address of Operator	9. Pool name or Wildcat
CHESS MN EPPETH CON YEST CO	Maljana ZISA
4. Well Location	,
Unit Letter # : 1980 Feet From The Nach Line and Wed	Feet From The SASY Line
Section Township \\S Range 32E	N
10 Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM St. County
1001 H	
11. Check Appropriate Box to Indicate Nature of Notice, R	Leport, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON L. CHANGE PLANS COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	EMENT IOR
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclu	iding estimated date of starting any proposed
work) SEE RULE 1103. Motified OCD prior & FU	
- · · · · ·	1927
Ran Lubing, 5/2 cmt. relainer in habelo 3480; set relainer. Squeezed 50 sts. cmt. bolow relainer. Stung out of relainer. Spotted 25 sts	
into part a got circ. between 4-12+	1 /8 cs q. b twen 75/4
8 5 , Pumpel 200 strs ent, circ . to su	xt.
•	
Exery DAH marker, 11 doct forth.	101/.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE UN BORE UNB TITLE Odningstration	DATE 1 25 90
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use) 5 5 14 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
on & Gas Into the	
APPROVED BY TITLE	DATE

CAZ

CONDITIONS OF APPROVAL, IP ANY: