## State of New Mexico Ene: Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

WELL API NO. 30-025-01266 5. Indicate Type of Lease

6.	State Oil & Gas Lease No.		
	E-1078		
7			

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.			
		E-1078		
SUNDRY NOTICES AND REPORTS ON WELL  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PER  OUT OF THE PROPOSALS."	OH PLUG BACK TO A			
(FORM C-101) FOR SUCH PROPOSALS.)		KEMNITZ W	OLFCAMP UNIT	
1. Type of Well: OIL OAS WELL X WELL OTHER				
2. Name of Operator		8. Well No.	_	
FINA OIL & CHEMICAL COMPANY		9. Pool name or W	ildent	
3. Address of Operator	_		i	
P.O. BOX 2990, MIDLAND, TEXAS 7970	2	KEMNITZ L	OWER WOLFCAMP	
4. Well Location  Unit Letter :660 Feet From The South	Line and198(	Feet From	1 ·	
Section 24 Township 16-s Ra		NMPM Le	a County	
10. Elevation (Show whether			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
4163' RK	B Natura of Nation P	enort or Other	Data	
11. Check Appropriate Box to Indicate I	Nature of Nonce, No	SEQUENT R	EPORT OF:	
NOTICE OF INTENTION TO:	300		<u></u>	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
TEMPOTATILE AND CONCAT FOR				
POLL ON ALTER GASING				
OTHER:	OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, a work) SEE RULE 1103.	nd give pertinent dates, inclu	iding estimated date of	f starting any proposed	
1) Fish rods & tbg. Cut tbg @ 8760' 2) Set 5 1/2 cmt retainer @ 8720' (s 3) Cut 5 1/2 csg @ 7939' 4) Spot 50 sxs @ 7990' (Tag @ 7735') 5) Spot 65 sxs @ 4608' (Tag @ 4247') 6) Spot 30 sxs @ 1600' 7) Spot 30 sxs @ 375' 8) Spot 10 sxs @ surf 9) Install DH marker & clear location	spot 105 sxs ) )	below and	1/4 bm & 600 psi.	
I hereby certify that the information apove is true and complete to the best of my knowledge a	and belief.			
I hereby certify that the information above a true and complete to the out of this	1/01/2		DATE 1-17-94	
SMONATURE Alm Sully N	me Abení		part ————————————————————————————————————	
TYPE OR PRINT NAME DAVID A. DILLAHA			TELEPHONE NO.	
(This space for State Use)  APPROVED BY LONG W. Hill	OR 8 545 MV	S CO COR	DATE SEP 23	
CONDITIONS OF APPROVAL, IF AN				
V. V				

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