| Submit 3 Copies To Appropriate District Office S | | | |
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| 5. · · · | tate of New Mexico | | |
| District I | | | |
| 1625 N. French Dr. Hobbs, NIM 99740 | finerals and Natural Resources | Form C-103 | |
| 1,713CHCC 11 | | Revised March 25, 1999 | |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CON | VSERVATION DIVISION | WELL API NO. | |
| District III | ABEKANTON DIVISION | 3002524895 | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | South St. Francis Dr. | 5. Indicate Type of Lease STATE FEE | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | |
| 87505 | , === = = = = = = = = = = = = = = = = = | 6. State Oil & Gas Lease No. | |
| SINDRY MOTIONS | | 024636 | |
| SUNDRY NOTICES AND REPO | RTS ON WELLS | 7 Y 2000 Nove - 11 | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI PROPOSALS.) | TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name: | |
| PROPOSALS.) | T" (FORM C-101) FOR SUCH | | |
| 1. Type of Well: | | MAYFLY "14" STATE Com #6 | |
| Oil Well Gas Well X Other | | THIT IT STATE COIN O | |
| 2. Name of Operator | | | |
| DAVIN H ARRESTA | - A - T | 8. Well No. | |
| 3. Address of Operator | 4 | | |
| P.O. Box 2071 MIDLAND TX | | 9. Pool name or Wildcat | |
| 4. Well Location MIDLAND, TX | <u> 19702 </u> | Stop Don A | |
| W W Bocarjon | | SHOEBAR ATOKA NORTH | |
| Unit Letter K 1980 feet for | | | |
| Unit Letter K : 1980 feet fro | om the South line and I' | 980 | |
| Santa IA W | | 180 feet from the WEST line | |
| Section 14 K Towns | hip 165 Range 35E | NMPM County / FO | |
| 10. Elevation (| Show whether DR DKD DT CD | NMPM County LEA | |
| | 4 7 \ | | |
| 11. Check Appropriate Box | to Indicate Nature of Notice, l | | |
| NOTICE OF INTENTION TO: | to indicate Nature of Notice, I | Report or Other Data | |
| PERFORM REMEDIAL WORK PLUG AND ABAI | SUBS | SEQUENT REPORT OF | |
| PLUG AND ABA | NDON 🗌 REMEDIAL WORK | | |
| TEMPORARILY ABANDON CHANGE PLANS | | ☐ ALTERING CASING ☐ | |
| The second of th | COMMENCE DRIL | LING OPNS. PLUG AND | |
| PULL OR ALTER CASING MULTIPLE | | ARANDONIACNIT | |
| COMPLETION | CASING TEST AN | D \ | |
| | | | |
| | CEMENT JOB | _ | |
| OTHER: | | _ | |
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| OTHER: 12. Describe proposed or completed operations (O) | OTHER: | e pertinent dates, including estimated date of | |
| OTHER: 12. Describe proposed or completed operations. (Clear starting any proposed work). SEE RULE 1103. For recompilation. | OTHER: or Multiple Completions: Attach well | toole diagram of proposed completion of | |
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