Form C-103 Revised 1-1-89

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Line

County

State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office OIL CONSERVATION DIVISION DISTRICTI WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE XX 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 V-303 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Caudill State Type of Well: WELL | OIL WELL SWD OTHER 2. Name of Operator 8. Well No. Kelly H. Baxter 9. Pool name or Wildcat 3. Address of Operator Dean Permo Penn P.O. Box 11193, Midland, TX Well Location 1980 Feet From The East 660 North Unit Letter _ Line and Feet From The 26 15S 36E ship 15S Range 36E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Lea NMPM 3868' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING**

PLUG AND ABANDONMENT Submit pressure test OTHER: OTHER:_

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Subsequent report to report submitted 2/23/90.

Injection zone 10,298-11,665, tbg & pkr set at 10,262

6-1-90 Moved in & rigged up R. A. Caudle Pump Truck and ran Backside held. Chart attached.

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I hereby certify that the info	rmation above is the and domptote to the boat	TITLEOWner	DATE 6/7/90
TYPE OR PRINT NAME	Kelly H. Baxter		TELEPHONE NO. 915/682-6191

(This space for State Use)

APPROVED BY-

Orig. Signed by

Paul Kautz

Geologist

JUN 1 2 1990

CONDITIONS OF APPROVAL, IF ANY: