	G . CM . M.				
Submit 3 Copies	- State of New Me	esources Department	<i>,</i> ~	Form C-103	
to Appropriate Energy District Office	y, iv als alki Natiliai Re	csources Department		Revised 1-1-8	39
DISTRICT I OTT.	CONSERVATIO	N DIVISION		····	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		WELL API NO.	30-025-2925	57
DISTRICT II	Santa Fe, New Mexico		<i>5 (-3)</i>		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G		
1000 RG Blazos RG., Azac, IVII 67410			LG-2		
SUNDRY NOTICES A	ND REPORTS ON WEL	LS			
( DO NOT USE THIS FORM FOR PROPOSAL	S TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	7. Lease Name o	r Unit Agreement Name	
DIFFERENT RESERVOIR. (FORM C 101) FO	USE "APPLICATION FOR PER	RMIT"		<b>.</b>	
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:			Lovelady State		
OIL SI GAS WELL	OTHER			•	
2. Name of Operator	UINEK		8. Well No.		
H. L. Brown, Jr.			a. Well No.	. 1	
3. Address of Operator			9. Pool name or	Wildcat	
P. O. Box 2237, Midland,	TX 79702		N. And	erson Ranch (Wo	lfcamp)
4. Well Location					
Unit Letter E :2173 Feet	t From The North	Line and467	Feet From	n The West	Line
Section 15 Tow			NMPM	Lea	County
///////////////////////////////////////	10. Elevation (Show whether i	Dr. KKB. KI. GK. elc.)		- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	42071			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	4287'		on out on Otho	<u> </u>	
	oriate Box to Indicate I	Nature of Notice, Re	•		
11. Check Approp	oriate Box to Indicate I	Nature of Notice, Re	•	r Data REPORT OF:	
NOTICE OF INTENTION	oriate Box to Indicate I	Nature of Notice, Re	•		
NOTICE OF INTENTION PL	oriate Box to Indicate NON TO:	Nature of Notice, Re	SEQUENT F	REPORT OF:	
NOTICE OF INTENTION PL	oriate Box to Indicate NON TO:	Nature of Notice, ReSUBS	SEQUENT F	REPORT OF:	MENT
NOTICE OF INTENTION PLEASE PROPERTY ABANDON CH	oriate Box to Indicate NON TO:  UG AND ABANDON HANGE PLANS	Nature of Notice, ReSUBS REMEDIAL WORK COMMENCE DRILLING	SEQUENT F	REPORT OF:	#ENT
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I hereby certify that the information above is type and complete to the best of my knowledge and belief. \_ DATE \_\_\_\_ mr Production Engineer SIGNATURE -TELEPHONE NO. 915-683-5216 Robert K. Wilson

\_ TITLE -

TYPE OR PRINT NAME

- DATE -

ONGINAL MENED BY JERRY SEXTON (This space for State Use) SISTINGT I SUPERVISOR APPROVED BY ---

FEB 05 1993

CONDITIONS OF APPROVAL, IF ANY: en egyeterke ette sk