Submit 3 Copies	State of New Mexico		Form C-103 Revised 1-1-89
to Appropriate District Office	Energy, Minerals and Natural Resources Department		Kealsen 1-1-03
DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II Santa Fe, New Mexico 87504-2088			30-025-30049
DISTRICT II Santa Fe, New Mexico 87504 2000 P.O. Drawer DD, Anesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
			21079 (VA-682)
SUNDRY NO	TICES AND REPORTS ON WELL		
DIFFERENT RES	ROPOSALS TO DRILL OR TO DEEPEN C ERVOIR. USE "APPLICATION FOR PERI C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OL GAS WELL Y WELL	OTHER		State 7
2. Name of Operator		<u></u>	8. Well No.
AVRA OIL COMPANY			9. Pool name or Wildcat
3. Address of Operator			Kemnitz Wolfcamp
	idland, TX 79702		
Unit Letter $\underline{I}$ : $\underline{I}$	980 Feet From The South	Line and 990	Feet From The <u>East</u> Line
	Tourship 16 Ran	ge 34E	NMPM Lea County
Section	10. Elevation (Show whether L	F, RKB, RT, GR, etc.)	
	4141.1		
11. Check	k Appropriate Box to Indicate N	lature of Notice, I	BSEQUENT REPORT OF:
NOTICE OF I	NTENTION TO:	50	
		REMEDIAL WORK	
		COMMENCE DRILLIN	NG OPNS PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	
OTHER:		OTHER:	
		d sine antipant datas inc	luding estimated date of starting any proposed
<ol> <li>Describe Proposed or Completed Op work) SEE RULE 1103.</li> </ol>	verations (Clearly state all pertinent details, an	a give periment alles, the	luding estimated date of starting any proposed
Di saina Roquest		6 mont	
	a 9500' set 2 sxs 0	r cement.	of 8 5/8" set @ 4485.
2) Cut casing @ 3) Perf 500' set	4520° set 60 sxs to	cover base	of 8 5 <b>/</b> 8" set @ 4485.
4) set 10 sxs on	top cut casing set d	ry hole mar	ker.
-			
Avra will plug t	this well as soon as		th regard to plugging THE COMMISSION MUST BE NOTIFIED 24
Company availab:			HOURS PRIOR TO THE BEGINNING OF
			PLUGGING OPERATIONS FOR THE C-NUS
			to be approved.
	, 7		
I hereby certify that the information above	is true and complete to the best of my knowledge and	belief.	E 15 00
SIGNATURE	MAU M	<u>Presiden</u>	
Saeed Afgha	ĥ <b>i</b> // //		(915) TELEPHONE NO6 82 - 4866
TYPE OR PRINT NAME	OHMUMA SU M	DETERMINE.	
(This space for State Use)		T SUPLEMISUR	
	<b>T</b>	TLE	DATE
APPROVED BY			
CONDITIONS OF APPROVAL, IF ANY:			

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