Submit 3 Copies to Appropriate District Office		f New Mexico Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 83		VATION DIVISION	WELL API NO.	
P.(. Box 2088		
DISTRICT II P.O. Drawer DD, Artesia, NM	88210 Santa Fe, New	Mexico 87504-2088	5. Indicate Type of	0-025-30785
DISTRICT III			5. Indicate Type (
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	s Lease No. G-9178-1
SUND	RY NOTICES AND REPORTS	ONWELLS		
(DO NOT USE THIS FORM	A FOR PROPOSALS TO DRILL OR TO INT RESERVOIR. USE "APPLICATIO (FORM C-101) FOR SUCH PROPOS	D DEEPEN OR PLUG BACK TO A N FOR PERMIT	7. Lease Name or	Unit Agreement Name
1. Type of Well: OIL WELL X	QAS WELL OTHER			obe-State
2. Name of Operator		· · · · · · · · · · · · · · · · · · ·	8. Well No.	DDe-State
Cox Oil & Gas, I	nc.		0. 1101 140	1
3. Address of Operator			9. Pool name or Wildcat	
2200 Ross Avenue, Suite 3600, Dallas, Texas 75201			Wildcat	
4. Well Location			<u> </u>	
Unit LetterG	:	orth Line and 1	B74 Feet From	The East Lin
· Section 5	Township 15S	Range 35E	NMPM	Lea County
\//////////////////////////////////////	10. Elevation (She	ow whether DF, RKB, RT, GR, etc.)	, <u></u>	
		4027.4 Gr.		
11.	Check Appropriate Box to I	ndicate Nature of Notice	eport or Other	Data
NOTICE	OF INTENTION TO:			
NOTICE	OF INTENTION TO:	SU	BSEQUENT R	EPORT OF:
PERFORM REMEDIAL WORK				
TEMPORARILY ABANDON	CHANGE PLANS			PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C		
OTHER:		OTHER:Devia	tion Survey	· · · · · · · · · · · · · · · · · · ·
12. Describe Proposed or Comp work) SEE RULE 1103.	leted Operations (Clearly state all pertinen	t details, and give pertinent dates, include	iding estimated date of	starting any proposed
leasured Depth	Angle of Inclination	Measured Depth A	ngle of Incl:	ination
(ft.)	(Degrees)	(ft.)	- (Degrees	5)
468	3/4	6069	3/4	
983	3/4	6562	3/4	
1437	3/4	7069	1	
1888	1	7558	-3/4	
2012	1	7988 8500	1/2 3/4	
2524		9000	$1 \frac{3}{4}$	
3017 3275	$1 \frac{1}{4}$	9500	$1 \frac{1}{3} \frac{1}{4}$	
3275	3/4 1	9945	4	
3999	3/4	9998	1/2	
4500	1	10122	3/4	
4800	3/4	10621	2	
5300	3/4	11061	2	•••
5782	3/4	11600	1	See reverse side
I hereby certify that the information	above is true and complete to the best of my kn	owiedge and belief.		and a start of the
SKONATURE An A.	Maga	mr Operations F	oreman	DATE July 20, 19
	0			
TYPE OR PRINT NAME	Dan À. Magee			TELEPHONE NO. (512)883~
TYPE OR PRINT NAME (This space for State Use)	Dan À. Magee			TELEPHONE NO. (512)883-
	Dan A. Magee			TELEPHONE NO. (512)883-

CONDITIONS OF APPROVAL, IF ANY:

Executed this the 20th day of July, 1990 State of Texas County of Nueces

A CONTRACTOR OF A CONTRACTOR OF

MARTHA LEAH HELLUMS

Notary Public STATE OF TEXAS My Comm. Exp. April 15, 1993

Before me the undersigned authority on this day personally appeared DAN A. MAGEE known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Subscribed and sworn to before me this 20th day of July, 1990.

Mar 20 80 21114

Notary Public in and for Nueces County, Texas

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