APPROVED BY -

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office	En:, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drewer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			WELL API NO.	
			30-025-32573	
			5. Indicate Type of Lease STATE FEE Y	
			6. State Oil & Gas Lease No.	
SUNDRY	NOTICES AND REPOR	ITS ON WELLS		
(DO NOT USE THIS FORM FO	OR PROPOSALS TO DRILL O RESERVOIR, USE "APPLICA	7. Lease Name or Unit Agreement Name		
1. Type of Well:	DRM C-101) FOR SUCH PRO	POSALS.)	Anderson 33	
OIL GAS WELL X WELL		HEX		
Anson Gas Corroration			8. Well No.	
Anson Gas Corporation 3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 24060 Oklahoma City, OK 73124			Wildcat	
4. Well Location	0500	Qth	210 Ecat	
Unit Letter!:_	2520 Feet From The	South Line and 23	B10 Feet From The <u>East</u> Line	
Section 33	Township 16S	Range 38E	NMPM Lea County	
	10. Elevation	(Show whether DF, RKB, RT, GR, etc.)		
	DF:	1723.5' GR: 3707'	Person or Other Date	
	•••	to Indicate Nature of Notice, R	REPORT, OF OTHER DATA BSEQUENT REPORT OF:	
NOTICE OF	FINTENTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABAI	NDON REMEDIAL WORK	X ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	commence Drilling	GOPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE			EMENTJOB	
OTHER:		OTHER:		
12. Describe Proposed or Completer work) SEE RULE 1103.	d Operations (Clearly state all p	ertinent details, and give pertinent dates, inc	cluding estimated date of starting any proposed	
,				
12/6/94 - 12/8/94 Strawn formation		26': 11330-43'. Pulled	rods, tubing and packer. Rig	
Up wireline and s	et 5-1/2" CIBP @ :	11,000' with 35' cement	on top. Perf ABO 9104-12' and	
			9050' on 2-7/8" EUE tubing.	
			-12'; 9118 - 26' with 2000 ssure 4600 #, flushed with	
			Flowed back 19 bbls and died.	
			9050'. Shut in evaluating.	
I hereby certify that the inforportion shop	n is true and formulate to the heat of m	y knowledge and belief.		
X X	N.	Droduction	Manager DATE 12/29/94	
SIGNATURE		me Production		
TYPE OR PRINT NAME SCO	tt Keck		TELEPHONE NO. (405) 528-0525	
(This space for State Use) Origin	aned by	·		
(This space for State Use) Orig. Si Pari	Fautz	y the second	DATE	