Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 September 5. Navy Maries 97503 | | TION DIVISION | WELL API NO. |
|---|--|---------------------------------------|---|
| | | | 30-025-32573 |
| DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210 | | | 5. Indicate Type of Lease STATE FEE X |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 85 | 7410 | | 6. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | |
| | | | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: OIL GAS WELL X WELL | ОТНЕЯ | | Anderson 33 |
| 2. Name of Operator Anson Gas Corpora | tion | | 8. Well No. |
| 3. Address of Operator | | | 9. Pool name or Wildcat |
| P.O. Box 24060, Ol | klahoma City, OK 7312 | | Wildcat |
| Unit Letter : | 2520 Feet From The South | Line and 231 | O Feet From The East Line |
| Section 33 | Towaship 16S | Range 38E | NMPM Lea County |
| | 10. Elevation (Show | whether DF, RKB, RT, GR, etc.) | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| ////////////////////////////////////// | eck Appropriate Box to Indi | GR: 3707 | |
| | INTENTION TO: | | SSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | GOPNS PLUG AND ABANDONMENT |
| | CHANGE PLANS | CASING TEST AND CI | |
| | | EMERI 1005 (EL) | |
| OTHER: | | OTHER: | |
| 12. Describe Proposed or Completed work) SEE RULE 1103. | Operations (Clearly state all pertinent of | letails, and give pertinent dates, in | cluding estimated date of starting any proposed |
| Tailed | cemented_9-5/8" casing in with 350 sacks "C" rs - waiting on cement | Neat. Circulate 17 | 75 sacks to surface. |
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| | | | |
| | | | |
| I hereby certify that this information above | s is true and complete to the best of my knowled | | Production DATE 10/19/94 |
| SIGNATURE J. CI | aig Northcutt | TIME | TELEPHONE NO. (405) 528-0525 |
| TITE OKTACIT MANAGE | and the state of t | . | |
| (This space for State Use) | | | OCT 28 1994 |
| APPROVED BY | | тп.е | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | | |