to Appropriate District Office	Energy, Minerals and Natural Resources Departmer		• .	Form C-103 Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION		
	P.O. Box	2088	WELL API NO. 30-025-32907	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	Santa Fe, New Mexico 87504-2088		
DISTRICT III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410				ATE X FEE
			6. State Oil & Gas Lease N	0.
SUNDRY NOTI	CES AND REPORTS ON W	ELLS		mmmm
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agre	
	101) FOR SUCH PROPOSALS.)	'ERMII'	·	ement Name
I. Type of Well:			- State of New Me	xico #35
WELL X	OTHER			
2. Name of Operator			8. Well No.	
Medallion Production Company 3. Address of Operator			o. well No. 1	
			9. Pool name or Wildcat	
7130 S. Lewis, Suite 700 Tulsa, OK 74136			S. Kemnitz Atoka-Morrow	
Unit Letter G . 1980	N.	100		
	Feet From TheN	Line and1980		E
Section 35	T	2/5		Liu
	10. Elevation (Show whethe	DF. RKB. RT. GR. etc.)	NMPM Lea	County
	4052 G	R		
11. Check A	ppropriate Box to Indicate	Nature of Notice Re		
NOTICE OF INTE	ENTION TO:		port, or Other Data	_
		5063	SEQUENT REPORT	ΓOF:
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING		
LL OR ALTER CASING				
CASING TEST AND CEMENT IN I				
OTHER:		OTHER:		
12. Describe Proposed or Completed Operation	ne (Clearly state all persistent date "			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	- (Creating since an periodent delans, as	nd give pertinent dates, includi	ng estimated date of starting any	proposed
circulation throu 4/6/95 NU & changed out 4/7/95 TIH w/ bit. Drii	@ 12:00 AM. Circulat	and cemes ed 10 bbls of centres ar BOP and tested	nted w/ 455 sx of ment to pit. Had	Class "C", good
I hereby certify that the information above is true and SKONATURE <u>AUL. From</u> TYPE OR PRINT NAME Lee C. This space for State Use) Orte	Francis		etion Managerate	4/14/95 (918) ENO. 488-8283
Pa	eologist		A	PR 18 1995

- TITLE -

____ DATE ____

CONDITIONS OF	APPROVAL,	IF ANY:
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