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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

L API NO.			
30-025-33	7/10		

WELL API NO. 30-025-3374	49	
5. Indicate Type of Le	STATE	FEE XX
6. State Oil & Gas Le	ase No.	
		<i></i>

		Comes Co Navy May	im X75/14			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Santa Fe, New Mex	100 67505	5. Indicate Type of Lesse STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Azie	c, NM 87410			6. State Oil & Ga	s Lesse No.	
(DO NOT USE THIS F	INDRY NOTICES AND FORM FOR PROPOSALS TO ERENT RESERVOIR. USE (FORM C-101) FOR S	O DRILL OR TO DEEPER : "APPLICATION FOR PE	NOR PLUG BACK TO A	7. Lease Name of	r Unit Agreement Nam	ne
1. Type of Well: OIL WELL	GAS XX	OTHER		Medlin		
2. Name of Operator	Company Limited	Partnership		8. Well No.		
3. Address of Operator	, Suite 500, Mid		4467	9. Pool name or Townsend	Wildcat Permo Upper	Penn
4 Well Location			Line and1875	Feet From	n The East	Line
Section	5 Townsh	<sub>in</sub> 16S <sub>F</sub>	tange 35E	NMPM Lea		County
		10. Elevation (Show whether 4038 GR				
11. NOTK	Check Appropria		Nature of Notice, Ro	eport, or Other SEQUENT F	r Data REPORT OF:	
PERFORM REMEDIAL W	ORK PLUG	AND ABANDON	REMEDIAL WORK		ALTERING CASIN	G 🔲
TEMPORARILY ABANDO	N CHAN	IGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANG	DONMENT -
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB		
OTHER:		🗆	OTHER:			
12. Describe Proposed or ( work) SEE RULE 110	Completed Operations (Clear)	y state all pertinent details,	and give pertinent dates, incl	uding estimated date	of starting any propo	sed
Centralized KC1. 0.6% H	34 jts 1 244 jts 1 32 jts 1 1 f 1 jt 1 1 f K	/# M-95 LI&C 7# N-80 LT&C 7# M-95 LT&C loat collar 7# M-95 LT&C loat shoe B correction sg landed @ 10,500'. Cmt'c -3. PD @ 9:30	9945.67' 1312.88' 1.78' 40.85' 1.25' 18.00' 12,750.00' d w/750 sx Prem F	Plus 50/50 p	ooz, 2% gel, 1 @ 3:30 P.M	31b/sw
I hereby certify that the inform	nation above is true and complete to	<i>, ,</i> ,			A /2/	0.407
SIGNATURE	SPILLA	<u>//</u>	mme <u>General Partı</u>	ner	DATE	0/97
TYPE OR PRINT NAME RO	bert C. Leibrock	<u> </u>		TELEPHONE NO.	915/682-8217	
(This space for State Use) OR!	GINAL SIGNED BY JERI BISTEICT I SUPERVI	RY SEXTON			DATE	7 1997
APPROVED BY	Dit Day See By		m12		=	